FedEx, UPS, and DHL deliveries:
USCIS
Attn: 1367 (Box 20020)
2108 E. Elliot Rd.
Tempe, AZ 85284-1806

RE: I-918 Petition for U-1 Nonimmigrant Status
Petitioner: Lays Verneque Mairink
Beneficiaries: Victor Luiz Braga Magalhaes and Luiz Gustavo Mairink Braga

Dear Sir or Madam,

Please find enclosed the Petition for U Nonimmigrant Status, filed by counsel on behalf of Lays Verneque Mairink, along with derivative petitions for her qualifying family members, Victor Luiz Braga Magalhanes and Luiz Gustavo Mairink Braga.

This petition package includes the following supporting documents:

- Signed Form's G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Signed Form I-918, Petition for U Nonimmigrant Status;
- Signed Form's I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient
- Signed Form I-918, Supplement B, U Nonimmigrant Status Certification
- Signed Form's I-192, Application for Advance Permission to Enter as a Nonimmigrant
- Signed Form's I-765, Application For Employment Authorization

Applicant Documents:

- Copy of Lays Verneque Mairink's Passport
- Copy of Lays Verneque Mairink's Birth Certificate with English translation

Beneficiaries Documents:
- Copy of Marriage Certificate of Lays Verneque Mairink and Victor Luiz Braga Magalhaes
- Victor Luiz Braga Magalhaes's Passport
- Victor Luiz Braga Magalhaes's Birth Certificate with English translation
- Luiz Gustavo Mairink Braga's Passport
- Luiz Gustavo Mairink Braga's Birth Certificate with English translation

Evidence of Psychological Harm:

- Declaration of Lays Verneque Mairink
- Copy of Police Report
- Lays Verneque Mairink's Psychological Evaluation
- Lays Verneque Mairink's Medical Report (lactation problem in response to acute stress)

Other documents:

- Copy of Noah Mairink Braga's birth certificate
- Copy of Alice Mairink Braga's birth certificate
- Lays Verneque Mairink's Criminal record with English translation
- Victor Luiz Braga Magalhaes's Criminal record with English translation
- Lays Verneque Mairink's Letters of support
- Victor Luiz Braga Magalhaes's Letters of support
- Lays Verneque Luiz Magalhaes, Victor Luiz Braga Magalhaes and Luiz Gustavo Mairink Braga's immigration documents

Thank you for your time and consideration in this matter. should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



_____ 02/19/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law
510-241-9336

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-918, I-765, I-192

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) VERNEQUE MAIRINK

6.b. Given Name (First Name) Lays

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 1 3 5 7 0 7 7 6

Client's Contact Information

10. Daytime Telephone Number

(510) 830-6212

11. Mobile Telephone Number (if any)

(510) 830-6212

12. Email Address (if any)

lays.verneque@icloud.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

13.d. State CA **13.e.** ZIP Code 92169

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Kays Vernaye Mairink

2.b. Date of Signature (mm/dd/yyyy) **01/27/2026**

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) **01/27/2026**

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): **VERNEQUE MAIRINK**

1.b. Given Name (First Name): **Lays**

1.c. Middle Name: **N/A**

2.a. Page Number: **N/A** **2.b.** Part Number: **N/A** **2.c.** Item Number: **N/A**

2.d. **N/A**

3.a. Page Number: **N/A** **3.b.** Part Number: **N/A** **3.c.** Item Number: **N/A**

3.d. **N/A**

4.a. Page Number: **N/A** **4.b.** Part Number: **N/A** **4.c.** Item Number: **N/A**

4.d. **N/A**

5.a. Page Number: **N/A** **5.b.** Part Number: **N/A** **5.c.** Item Number: **N/A**

5.d. **N/A**

6.a. Page Number: **N/A** **6.b.** Part Number: **N/A** **6.c.** Item Number: **N/A**

6.d. **N/A**

Petition for U Nonimmigrant Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks	Receipt	Action Block
	U.S. Embassy Consulate	**Validity Dates** (mm/dd/yyyy) From:____/____/____ To:____/____/____	**Wait Listed** Stamp Number / Date (mm/dd/yyyy)

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black or blue ink.**

Part 1. Information About You (Person filing this petition as a victim)

1.a. Family Name (Last Name): VERNEQUE MAIRINK

1.b. Given Name (First Name): Lays

1.c. Middle Name: N/A

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

Home Address (USPS ZIP Code Lookup)

3.a. Street Number and Name: 3535 El Portal Drive

3.b. ☐ Apt. ☐ Ste. ☐ Flr. E103

3.c. City or Town: El Sobrante

3.d. State: CA **3.e.** ZIP Code: 94803

3.f. Province: N/A

3.g. Postal Code: 94803

3.h. Country: USA

Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name: Otavio Haverroth Silva

4.b. Street Number and Name: PO Box 90487

4.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.d. City or Town: San Diego

4.e. State: CA **4.f.** ZIP Code: 92169

4.g. Province: N/A

4.h. Postal Code: N/A

4.i. Country: USA

Other Information

5. Alien Registration Number (A-Number) (if any)
► A- 2 1 3 5 7 0 7 7 6

6. U.S. Social Security Number (if any)
► N / A

7. USCIS Online Account Number (if any)
► N / A

8. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

Part 1. Information About You (continued)

9. Sex ☐ Male ☒ Female

10. Date of Birth (mm/dd/yyyy) 11/25/1993

11. Country of Birth
Brazil

12. Country of Citizenship or Nationality
Brazil

13. Form I-94 Arrival-Departure Record Number
▶ N / A

14. Passport Number YE766326

15. Travel Document Number N/A

16. Country of Issuance for Passport or Travel Document
Brazil

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy) 07/01/2024

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/30/2028

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

19.a. City or Town El Passo

19.b. State TX

20. Date of Last Entry into the United States (mm/dd/yyyy) 10/24/2019

21. Date Authorized Stay Expired (mm/dd/yyyy) N/A

22. Current Immigration Status
EWI (Entered Withhout Inspection)

Part 2. Additional Information About You

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.

If you need extra space to complete **Part 2.**, use the space provided in **Part 8. Additional Information**.

Select "Yes" or "No," as appropriate, for each of the following questions.

1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii). ☒ Yes ☐ No

2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. ☒ Yes ☐ No

3. I possess information concerning the criminal activity of which I was a victim. ☒ Yes ☐ No

4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official. ☒ Yes ☐ No

5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States. ☒ Yes ☐ No

6. I am under 16 years of age. ☐ Yes ☒ No

7.a. I was or am in immigration proceedings. ☐ Yes ☒ No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.

7.b. ☐ Removal Proceedings
Removal Date (mm/dd/yyyy)

7.c. ☐ Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)

7.d. ☐ Deportation Proceedings
Deportation Date (mm/dd/yyyy)

7.e. ☐ Rescission Proceedings
Rescission Date (mm/dd/yyyy)

7.f. ☐ Judicial Proceedings
Judicial Date (mm/dd/yyyy)

Part 2. Additional Information About You (continued)

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy) 10/24/2019

Place of Entry into the United States

8.b. City or Town El Passo

8.c. State TX

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
EWI

9.a. Date of Entry (mm/dd/yyyy) N/A

Place of Entry into the United States

9.b. City or Town N/A

9.c. State N/A

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
N/A

10.a. Date of Entry (mm/dd/yyyy) N/A

Place of Entry into the United States

10.b. City or Town N/A

10.c. State N/A

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
N/A

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select **only one** box):

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

11.b. City or Town N/A

11.c. State N/A

11.d. Country
N/A

Safe Foreign Address Where You Want Notification Sent (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name N/A

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town N/A

12.d. Province N/A

12.e. Postal Code N/A

12.f. Country
N/A

Part 3. Processing Information

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 3.**, provide an explanation in the space provided in **Part 8. Additional Information**.

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

1.a. Committed a crime or offense for which you have not been arrested? ☐ Yes ☒ No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? ☒ Yes ☐ No

1.c. Been charged with committing any crime or offense? ☐ Yes ☒ No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? ☐ Yes ☒ No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☒ No

Part 3. Processing Information (continued)

1.f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No

1.g. Been in jail or prison? ☐ Yes ☒ No

1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☒ No

1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No

Information About Arrests, Citations, Detentions, or Charges

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information**.

2.a Why were you arrested, cited, detained, or charged?

Entered illegal in the United States

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

10/24/2019

Where were you arrested, cited, detained, or charged?

2.c. City or Town **El Passo**

2.d. State **TX**

2.e. Country

USA

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

No charges filed

3.a Why were you arrested, cited, detained, or charged?

N/A

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where were you arrested, cited, detained, or charged?

3.c. City or Town **N/A**

3.d. State **N/A**

3.e. Country

N/A

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A

Have you **EVER**:

4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☒ No

4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No

4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No

4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

5.c. Assassination? ☐ Yes ☒ No

5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

6.a. A terrorist organization under section 219 of the INA? ☐ Yes ☒ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

Part 3. Processing Information (continued)

6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

6.d. Assassination? ☐ Yes ☒ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☒ No

Do you intend to engage in the United States in:

7.a. Espionage? ☐ Yes ☒ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States? ☐ Yes ☒ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☒ No

8. Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No

9. Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

10.a. Acts involving torture or genocide? ☐ Yes ☒ No

10.b. Killing any person? ☐ Yes ☒ No

10.c. Intentionally and severely injuring any person? ☐ Yes ☒ No

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☒ No

10.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information**.

11. Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? ☐ Yes ☒ No

Have you **EVER** been present or nearby when any person was:

12.a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☒ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☒ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☒ No

Have you **EVER**:

13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? ☐ Yes ☒ No

Part 3. Processing Information (continued)

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information**.

Have you **EVER**:

14.a. Received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information**.

Have you **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☒ No

16. Are you **NOW** in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

17. Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you? ☐ Yes ☒ No

18. Have you **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☒ No

19. Have you **EVER** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☒ No

20. Have you **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☒ No

21. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☒ No

22. Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☒ No

23. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☒ No

24. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? ☐ Yes ☒ No

25. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☒ No

26. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☒ No

27. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

28. Have you **EVER** entered the United States as a stowaway? ☐ Yes ☒ No

29.a. Do you **NOW** have a communicable disease of public health significance? ☐ Yes ☒ No

29.b. Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☒ No

29.c. Are you **NOW** or have you **EVER** been a drug abuser or drug addict? ☐ Yes ☒ No

Part 4. Information About Your Spouse and/or Children

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information**.

1.a. Family Name (Last Name): BRAGA MAGALHAES

1.b. Given Name (First Name): Victor Luiz

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 01/10/1993

3. Country of Birth: Brazil

4. Relationship: Spouse

5. Current Location: El Sobrante, CA

6.a. Family Name (Last Name): MAIRINK BRAGA

6.b. Given Name (First Name): Luiz Gustavo

6.c. Middle Name: N/A

7. Date of Birth (mm/dd/yyyy): 10/20/2014

8. Country of Birth: Brazil

9. Relationship: Child

10. Current Location: El Sobrante, CA

11.a. Family Name (Last Name): BRAGA

11.b. Given Name (First Name): NOAH

11.c. Middle Name: MAIRINK

12. Date of Birth (mm/dd/yyyy): 10/27/2023

13. Country of Birth: USA

14. Relationship: Child

15. Current Location: El Sobrante, CA

16.a. Family Name (Last Name): BRAGA

16.b. Given Name (First Name): ALICE

16.c. Middle Name: MAIRINK

17. Date of Birth (mm/dd/yyyy): 02/14/2025

18. Country of Birth: USA

19. Relationship: Child

20. Current Location: El sobrante, CA

21.a. Family Name (Last Name): N/A

21.b. Given Name (First Name): N/A

21.c. Middle Name: N/A

22. Date of Birth (mm/dd/yyyy): N/A

23. Country of Birth: N/A

24. Relationship: N/A

25. Current Location: N/A

Filing On Behalf of Family Members

26. I am petitioning for one or more qualifying family members. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **26.**, you must complete and include Supplement A for each family member for whom you are petitioning.

Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **1.a.** or **1.b.** If applicable, select the box for **2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. ☒ The interpreter named in **Part 6.** read to me every question and instruction on this petition and my answer to every question in `Portuguese`, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 7.**, `Otavio Haverroth Silva`, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
`(510) 830-6212`

4. Petitioner's Mobile Telephone Number (if any)
`(510) 830-6212`

5. Petitioner's Email Address (if any)
`lays.verneque@icloud.com`

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;
2) I reviewed and understood all of the information in, and submitted with, my petition; and
3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature
➡ Lays Verneque Mairink

6.b. Date of Signature (mm/dd/yyyy) `01/27/2026`

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

NOTE: A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
`INACIO PENNA MELLO`

1.b. Interpreter's Given Name (First Name)
`Andre Vinicius`

2. Interpreter's Business or Organization Name (if any)
`HS Law Corp`

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

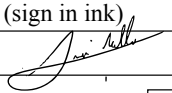
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Portuguese, which is the same language specified in **Part 5.**, **1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)



7.b. Date of Signature (mm/dd/yyyy): 01/27/2026

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

6. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 8. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): **VERNQUE MAIRINK**

1.b. Given Name (First Name): **Lays**

1.c. Middle Name: **N/A**

2. A-Number (if any) ► A- **213 570 776**

3.a. Page Number: 3 **3.b.** Part Number: 3 **3.c.** Item Number: 1B

3.d.

Yes. On or about October 24. 2019. the applicante was apprehend near El Paso, Texas, for entering the United Staes without valid entry documents and was released on or about November 2, 2019

4.a. Page Number: **N/A** **4.b.** Part Number: **N/A** **4.c.** Item Number: **N/A**

4.d.

N/A

5.a. Page Number: **N/A** **5.b.** Part Number: **N/A** **5.c.** Item Number: **N/A**

5.d.

N/A

6.a. Page Number: **N/A** **6.b.** Part Number: **N/A** **6.c.** Item Number: **N/A**

6.d.

N/A

7.a. Page Number: **N/A** **7.b.** Part Number: **N/A** **7.c.** Item Number: **N/A**

7.d.

N/A

Application for Advance Permission to Enter as a Nonimmigrant

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-192
OMB No. 1615-0017
Expires 03/31/2027

For DHS Use Only		
Received	**Returned Trans. Out**	**Fee Stamp**
Trans. In	**Completed**	

Action by the Department of Homeland Security

Ground of Inadmissibility

- ☐ INA 212(a)(1) _____
- ☐ INA 212(a)(2) _____
- ☐ INA 212(a)(3) _____
- ☐ INA 212(a)(4) _____
- ☐ INA 212(a)(6) _____
- ☐ INA 212(a)(7) _____
- ☐ INA 212(a)(8) _____
- ☐ INA 212(a)(9) _____
- ☐ INA 212(a)(10) _____
- ☐ Other: _____
- ☐ Granted, subject to revocation at any time, upon the following terms and conditions

Action Stamp

Benefits Category:

- ☐ T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16
- ☐ T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16
- ☐ U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17
- ☐ U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17
- ☐ Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4

Date of Action (mm/dd/yyyy) _____ **DD or OIC** _____ **Office** _____

To be completed by an attorney or accredited representative (if any).

☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	3434486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- ☒ Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**

Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
VERNEQUE MAIRINK	Lays	N/A

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

Other Information

3. Alien Registration Number (A-Number) (if any)

► A- 2 1 3 5 7 0 7 7 6

4. USCIS Online Account Number (if any)

► N / A

5. Date of Birth (mm/dd/yyyy)

11/25/1993

6. Place of Birth

City or Town	State or Province
Ipanema	Minas Gerais

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

☐ Male ☒ Female

9. Mailing Address (Safe address, if applicable)
Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
P.O. Box 90487	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

10. Physical Address 1 (current address)

Street Number and Name: 3535 El Portal Drive
Apt. Ste. Flr. Number: N/A
City or Town: El Sobrante
State: CA
ZIP Code: 94803
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 05/04/2024
To (mm/dd/yyyy): PRESENT

11. Physical Address 2

Street Number and Name: 2326 Estrella Court
Apt. Ste. Flr. Number: N/A
City or Town: Pinole
State: CA
ZIP Code: 94564
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 11/01/2022
To (mm/dd/yyyy): 05/03/2024

Information About Your Marital History

12. What is your current marital status?

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled

☐ Other N/A

13. How many times have you been married (including annulled marriages and marriages to the same person)?

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your **current spouse**.

14. Current Spouse's Legal Name

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name (if applicable): N/A

15. Spouse's Alien Registration Number (A-Number) (if any) ► A- N/A

Part 2. Information About You (continued)

16. Date of Birth (mm/dd/yyyy) N/A

17. Date of Marriage (mm/dd/yyyy) N/A

18. Place of Birth

City or Town: N/A

State or Province: N/A

Country: N/A

19. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

Information About Prior Marriages (if any)

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

21. Date of Birth (mm/dd/yyyy) N/A

22. Date of Marriage (mm/dd/yyyy) N/A

23. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

24. Date Marriage Legally Ended (mm/dd/yyyy) N/A

25. Place Where Marriage Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Immigration and Criminal History

26. Explain the grounds of inadmissibility that may apply in your case.

On or about 10/24/2019, I attempted to enter the United States with my child and partner, near El Paso, TX, without being admitted or paroled and without valid entry documents. I was apprehend by U.S Immigration authorities and detained with my minor child for 8 days in short-term CBP custody.

Part 2. Information About You (continued)

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

28. Date Application Filed (mm/dd/yyyy) **N/A**

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry: **N/A**

City or Town: **N/A**

State or Province: **N/A**

Country: **N/A**

Receipt Number (if available) ► **N/A**

30. Have you **EVER** been in the United States for a period of six months or more? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information**.

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

N/A

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

N/A

34. Outcome of the application or petition (for example, approved, denied, or pending).

N/A

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information**.

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information**.

Part 2. Information About You (continued)

Travel Information

NOTE: If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

37. City
N/A

38. State

39. Name of Port of Entry
N/A

40. How do you plan to travel to the United States? (For example, by plane, ship, car)
N/A

41. When do you plan to enter the United States? (mm/dd/yyyy)
N/A

42. Approximate Length of Stay in the United States
NA

43. What is the purpose of your stay in the United States? Explain fully below.
N/A

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

44. Employer 1 (current or most recent)

Name of Employer or Company
Unemployed

Address of Employer or Company

Street Number and Name
N/A

Apt. Ste. Flr. Number
N/A

City or Town
N/A

State
CA

ZIP Code
N/A

Province
N/A

Postal Code
N/A

Country
N/A

Your Occupation
N/A

Dates of Employment

From (mm/dd/yyyy)
01/21/2023

To (mm/dd/yyyy)
PRESENT

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

Self employed

Address of Employer or Company

Street Number and Name: 2808 Wisall Drive

Apt. Ste. Flr. ☐ ☐ ☐

Number: N/A

City or Town: Richmond

State: CA

ZIP Code: N/A

Province: N/A

Postal Code: 94806

Country: USA

Your Occupation: House Cleaner

Dates of Employment

From (mm/dd/yyyy): 07/01/2021

To (mm/dd/yyyy): 01/20/2023

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 5108306212

2. Applicant's Mobile Telephone Number (if any): 5108306212

3. Applicant's Email Address (if any): lays.verneque@icloud.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Lays Verneque Mairink

Date of Signature (mm/dd/yyyy): 01/27/2026

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre

2. Interpreter's Business or Organization Name

HS LAW Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

4. Interpreter's Mobile Telephone Number (if any)

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

01/27/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS LAW Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

01/27/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): **VERNEQUE MAIRINK** | Given Name (First Name): **Lays** | Middle Name (if applicable): **N/A**

2. A-Number (if any) ► **A-** **213570776**

3. Page Number: 3 | Part Number: 2 | Item Number: 11

2809 Wiswall Drive, Richmond, CA 94806 USA | from 01/07/2021 to 10/31/2022

4. Page Number: 5 | Part Number: 2 | Item Number: 30

Since I entered the United Statos on October 24,2019 I have not left and have remained in the coutry ever since.

5. Page Number: 5 | Part Number: 2 | Item Number: 36

Yes. On or about October 24, 2019, the applicant was apprehended near El Paso, Texas, for entering the United States without valid entry documents and was released on our about November 2, 2019.

6. Page Number: | Part Number: | Item Number:

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block
	☐ Authorization/Extension Valid Through _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): VERNEQUE MAIRINK

1.b. Given Name (First Name): Lays

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio HAVERROTH SILVA

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 3535 El Portal Drive

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: El Sobrante

7.d. State: CA **7.e.** ZIP Code: 94803

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-213570776

9. USCIS Online Account Number (if any)
▶ N/A

10. Sex ☐ Male ☒ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
▶ N/A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Ipanema

15.b. State/Province of Birth

Minas Gerais

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 11/25/1993

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► N / A

18. Passport Number of Your Most Recently Issued Passport

YE766326

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/30/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 10/24/2019

23. Place of Your Last Arrival Into the United States

El Paso, TX

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

EWI (Entered without inspection)

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(C) (14) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N / A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,** Otavio HAVERROTH SILVA, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
(510)850-6212

4. Applicant's Mobile Telephone Number (if any)
(510)850-6212

5. Applicant's Email Address (if any)
lays.verneque@icloud.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature
➡ Lays Verneque Mairink

7.b. Date of Signature (mm/dd/yyyy) 01/27/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415)425-2508

5. Interpreter's Mobile Telephone Number (if any): (415)425-2508

6. Interpreter's Email Address (if any): andre@yousalaw.com

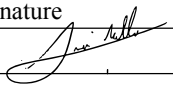
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature



7.b. Date of Signature (mm/dd/yyyy): 01/27/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (415)241-9336

5. Preparer's Mobile Telephone Number (if any): (415)241-9336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): **VERNEQUE MAIRINK**

1.b. Given Name (First Name): **Lays**

1.c. Middle Name: **N/A**

2. A-Number (if any) ► **A-** **213570776**

3.a. Page Number: **N/A** **3.b.** Part Number: **N/A** **3.c.** Item Number: **N/A**

3.d. **N/A**

4.a. Page Number: **N/A** **4.b.** Part Number: **N/A** **4.c.** Item Number: **N/A**

4.d. **N/A**

5.a. Page Number: **N/A** **5.b.** Part Number: **N/A** **5.c.** Item Number: **N/A**

5.d. **N/A**

6.a. Page Number: **N/A** **6.b.** Part Number: **N/A** **6.c.** Item Number: **N/A**

6.d. **N/A**

7.a. Page Number: **N/A** **7.b.** Part Number: **N/A** **7.c.** Item Number: **N/A**

7.d. **N/A**

Supplement B, U Nonimmigrant Status Certification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks

► **START HERE - Type or print in black or blue ink.**

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
► A- 2 1 3 5 7 0 7 7 6

2.a. Family Name (Last Name): VERNEQUE MAIRINK

2.b. Given Name (First Name): Lays

2.c. Middle Name: N/A

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information**.

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4. Date of Birth (mm/dd/yyyy): 11/25/1993

5. Sex ☐ Male ☒ Female

Part 2. Agency Information

1. Name of Certifying Agency
Richmond Police Department

Name of Certifying Official

2.a. Family Name (Last Name): CLARK

2.b. Given Name (First Name): JOSHUA

2.c. Middle Name:

3. Title and Division/Office of Certifying Official
LIEUTENANT / PATROL

Name of Head of Certifying Agency

4.a. Family Name (Last Name): FRENCH

4.b. Given Name (First Name): BISA

4.c. Middle Name:

Agency Address

5.a. Street Number and Name: 1701 Regatta Blvd

5.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.c. City or Town: Richmond

5.d. State: CA 5.f. ZIP Code: 94804

5.g. Province: N/A

5.h. Postal Code: N/A

5.i. Country
USA

Other Agency Information

6. Agency Type
☐ Federal ☐ State ☒ Local

7. Case Status
☒ On-going ☐ Completed
☐ Other

8. Certifying Agency Category
☐ Judge ☒ Law Enforcement ☐ Prosecutor
☐ Other

9. Case Number
2025-0002864

10. FBI Number or SID Number (if applicable)
N/A

Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- ☐ Abduction
- ☐ Abusive Sexual Contact
- ☐ Attempt to Commit Any of the Named Crimes
- ☐ Being Held Hostage
- ☐ Blackmail
- ☐ Conspiracy to Commit Any of the Named Crimes
- ☐ Domestic Violence
- ☐ Extortion
- ☐ False Imprisonment
- ☒ Felonious Assault
- ☐ Female Genital Mutilation
- ☐ Fraud in Foreign Labor Contracting
- ☐ Incest
- ☐ Involuntary Servitude
- ☐ Kidnapping
- ☐ Manslaughter
- ☐ Murder
- ☐ Obstruction of Justice
- ☐ Peonage
- ☐ Perjury
- ☐ Prostitution
- ☐ Rape
- ☐ Sexual Assault
- ☐ Sexual Exploitation
- ☐ Slave Trade
- ☐ Solicitation to Commit Any of the Named Crimes
- ☐ Stalking
- ☐ Torture
- ☐ Trafficking
- ☐ Unlawful Criminal Restraint
- ☐ Witness Tampering

Provide the dates on which the criminal activity occurred.

2.a. Date (mm/dd/yyyy) 03/23/2025

2.b. Date (mm/dd/yyyy) N/A

2.c. Date (mm/dd/yyyy) N/A

2.d. Date (mm/dd/yyyy) N/A

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

Robbery/Firearm - 211A

4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

☒ Yes ☐ No

4.b. If you answered "Yes," where did the criminal activity occur?

San Pablo Ave & Macdonald Ave,Richmond CA 94805

5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

☐ Yes ☒ No

5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

N/A

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1.** Attach copies of all relevant reports and findings.

On March 23, 2025, the petitioner was the primary victim of a robbery at a Chevron gas station located at 4838 W Macdonald Ave in Richmond. She was waiting for her friend to pay for the gas when both women were approached by two unidentified men. One of the suspects, brandishing a firearm, pushed the petitior causing her to hit the pump, took her wallet containing $500 she had just withdrawn from a nearby(continued on part 7)

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

Given the traumatic circumstances of the armed robbery and the fact that she was the primary target, paramedics from Medic 77 assessed the petitioner at the scene. Law enforcement documented visible signs of emotional and psychological distress. (continued on part 7)

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3.**? ☒ Yes ☐ No

2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☒ Yes ☐ No

3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☒ No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

The petitioner was fully cooperative during the initial stages of the criminal investigation, offering detailed information about the circumstances of the case and supplying key evidence needed for the prosecution of the suspects. They responded promptly to all questions from law enforcement, identified the individuals connected to the crime, and turned over all pertinent documents and evidence they had. Furthermore, the petitioner remains available to cooperate with law enforcement as necessary.

4. Other. Include any additional information you would like to provide.

Although the incident was originally charged under Penal Code §211 for robbery, the circumstances also satisfy the criteria for a felonious assault under Penal Code §245(a)(2). One of the suspects displayed a firearm, used intimidation or force to gain compliance, and clearly demonstrated the immediate ability to inflict serious bodily harm using the weapon. Under §245(a)(2), such actions are classified and punishable as felony assault with a firearm. This alternate legal characterization supports the inclusion of "felonious assault" in the certification.

Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? ☐ Yes ☒ No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)

2. Date of Signature (mm/dd/yyyy) 08/25/2025

3. Daytime Telephone Number (510) 621-1817

4. Fax Number (510) 620-6873

Part 7. Additional Information

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number, Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

Richmond Police Department

Petitioner's Name

2.a. Family Name (Last Name): VERNEQUE MAIRINK

2.b. Given Name (First Name): Lays

2.c. Middle Name: N/A

3. A-Number (if any)

▶ A- 213570776

4.a. Page Number: 2 | 4.b. Part Number: 3 | 4.c. Item Number: 6

4.d. Bank of America, and fled on foot with another unidentified male.

5.a. Page Number: 2 | 5.b. Part Number: 3 | 5.c. Item Number: 7

5.d. Although no additional medical records were submitted at the time, the petitioner had to consult with her gynecologist after experiencing pain at her cesarean incision, which was caused by being pushed by one of the suspects just days after giving birth. Additionally, the petitioner had to undergo psychological treatment as a result of the trauma.

6.a. Page Number | 6.b. Part Number | 6.c. Item Number

6.d.

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-918A, I-765, I-192

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): BRAGA MAGALHAES

6.b. Given Name (First Name): Victor Luiz

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 1 3 5 7 0 7 7 7

Client's Contact Information

10. Daytime Telephone Number

(510) 258-5815

11. Mobile Telephone Number (if any)

(510) 258-5815

12. Email Address (if any)

victormagalhaes19@icloud.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Victor Luis Braga Magalhães

2.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 01/27/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): **BRAGA MAGALHAES**

1.b. Given Name (First Name): **Victor Luiz**

1.c. Middle Name: **N/A**

2.a. Page Number: **N/A** **2.b.** Part Number: **N/A** **2.c.** Item Number: **N/A**

2.d. **N/A**

3.a. Page Number: **N/A** **3.b.** Part Number: **N/A** **3.c.** Item Number: **N/A**

3.d. **N/A**

4.a. Page Number: **N/A** **4.b.** Part Number: **N/A** **4.c.** Item Number: **N/A**

4.d. **N/A**

5.a. Page Number: **N/A** **5.b.** Part Number: **N/A** **5.c.** Item Number: **N/A**

5.d. **N/A**

6.a. Page Number: **N/A** **6.b.** Part Number: **N/A** **6.c.** Item Number: **N/A**

6.d. **N/A**

Supplement A, Petition for Qualifying Family Member of U-1 Recipient

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks	Receipt	Action Block
U.S. Embassy Consulate	**Validity Dates** (mm/dd/yyyy) From:___/___/____ To:___/___/____	**Wait Listed** Stamp Number	Date (mm/dd/yyyy)

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black or blue ink.**

NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:

☒ Spouse ☐ Parent ☐ Child

☐ Unmarried sibling under 18 years of age

Part 2. Information About You (Principal)

1.a. Family Name (Last Name): VERNEQUE MAIRINK

1.b. Given Name (First Name): Lays

1.c. Middle Name: N/A

Other Information

2. Date of Birth (mm/dd/yyyy): 11/25/1993

3. Alien Registration Number (A-Number) (if any)

► A- 2 1 3 5 7 0 7 7 6

4. USCIS Online Account Number (if any)

► N / A

5. Status of your Form I-918

☒ Pending ☐ Approved

Part 3. Information About Your Qualifying Family Member (Derivative)

1.a. Family Name (Last Name): BRAGA MAGALHAES

1.b. Given Name (First Name): Victor Luiz

1.c. Middle Name: N/A

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

Residence or Intended Residence in the United States

(USPS ZIP Code Lookup)

3.a. Street Number and Name: 3535 El Portal Drive

3.b. ☐ Apt. ☐ Ste. ☐ Flr. E103

3.c. City or Town: El Sobrante

3.d. State: CA **3.e.** ZIP Code: 94803

Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)

Safe Mailing Address (if other than Residence)

4.a. In Care Of Name
Otavio Haverroth Silva

4.b. Street Number and Name: PO BOX 90487

4.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.d. City or Town: San Diego

4.e. State: CA **4.f.** ZIP Code: 92169

4.g. Province: N/A

4.h. Postal Code: N/A

4.i. Country
USA

Other Information About Qualifying Family Member

5. A-Number (if any) ► A-: 213570777

6. U.S. Social Security Number (if any)
► N/A

7. USCIS Online Account Number (if any)
► N/A

8. Date of Birth (mm/dd/yyyy): 01/10/1993

9. Country of Birth
Brazil

10. Country of Citizenship or Nationality
Brazil

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Sex ☒ Male ☐ Female

13. Form I-94 Arrival-Departure Record Number
► N/A

14. Passport Number: FP246549

15. Travel Document Number: N/A

16. Country of Issuance for Passport or Travel Document
Brazil

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy): 02/16/2016

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 02/15/2026

Part 4. Additional Information About Your Qualifying Family Member

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

1.a. Date of Last Entry into the United States (mm/dd/yyyy): 09/24/2021

Place of Last Entry into the United States

1.b. City or Town: Laredo

1.c. State: TX

1.d. Current Immigration Status
EWI (Entered Without Inspection)

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

2.a. Date of Last Entry into the United States (mm/dd/yyyy): N/A

Place of Last Entry into the United States

2.b. City or Town: N/A

2.c. State: N/A

2.d. Date Authorized Stay Expired (mm/dd/yyyy): N/A

2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
N/A

Part 4. Additional Information About Your Qualifying Family Member (continued)

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

3.a. Type of Office (Select **only one** box):

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

3.b. City or Town: N/A

3.c. State: N/A

3.d. Country: N/A

Safe Foreign Address Where You Want Notification Sent (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

4.a. Street Number and Name: N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town: N/A

4.d. Province: N/A

4.e. Postal Code: N/A

4.f. Country: N/A

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name): N/A

5.b. Given Name (First Name): N/A

5.c. Middle Name: N/A

5.d. Date Marriage Ended (mm/dd/yyyy): N/A

5.e. Where did the marriage end? N/A

5.f. How did the marriage end? N/A

6.a. Family Name (Last Name): N/A

6.b. Given Name (First Name): N/A

6.c. Middle Name: N/A

6.d. Date Marriage Ended (mm/dd/yyyy): N/A

6.e. Where did the marriage end? N/A

6.f. How did the marriage end? N/A

Other Information

7.a. Your family member was or is in immigration proceedings. ☒ Yes ☐ No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.

7.b. ☒ Removal Proceedings
Removal Date (mm/dd/yyyy): 12/10/2019

7.c. ☐ Exclusion Proceedings
Exclusion Date (mm/dd/yyyy):

7.d. ☐ Deportation Proceedings
Deportation Date (mm/dd/yyyy):

7.e. ☐ Rescission Proceedings
Rescission Date (mm/dd/yyyy):

7.f. ☐ Judicial Proceedings
Judicial Date (mm/dd/yyyy):

8. Your family member would like an Employment Authorization Document. ☒ Yes ☐ No

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States.

Part 5. Processing Information

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 5.**, provide an explanation in the space provided in **Part 11. Additional Information**.

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

1.a. Committed a crime or offense for which he or she has not been arrested? ☐ Yes ☒ No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason? ☒ Yes ☐ No

1.c. Been charged with committing any crime or offense? ☐ Yes ☒ No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? ☐ Yes ☒ No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☒ No

1.f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No

1.g. Been held in jail or prison? ☐ Yes ☒ No

1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☒ No

1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No

Information About Arrests, Citations, Detentions, or Charges

2.a Why was your family member arrested, cited, detained, or charged?

Entered the U.S illegally

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

12/10/2019

Where was your family member arrested, cited, detained, or charged?

2.c. City or Town: El Passo

2.d. State: TX

2.e. Country: USA

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Deportation

3.a Why was your family member arrested, cited, detained, or charged?

N/A

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

3.c. City or Town: N/A

3.d. State:

3.e. Country: N/A

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A

Part 5. Processing Information (continued)

Has your family member **EVER**:

4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☒ No

4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No

4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No

4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No

Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

5.c. Assassination? ☐ Yes ☒ No

5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)? ☐ Yes ☒ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

6.d. Assassination? ☐ Yes ☒ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☒ No

Does your family member intend to engage in the United States in:

7.a. Espionage? ☐ Yes ☒ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States? ☐ Yes ☒ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☒ No

8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No

Part 5. Processing Information (continued)

9. Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? ☐ Yes ☒ No

Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

10.a. Acts involving torture or genocide? ☐ Yes ☒ No

10.b. Killing any person? ☐ Yes ☒ No

10.c. Intentionally and severely injuring any person? ☐ Yes ☒ No

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☒ No

10.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information**.

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts? ☐ Yes ☒ No

Has your family member **EVER** been present or nearby when any person was:

12.a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☒ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☒ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☒ No

Has your family member **EVER**:

13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? ☐ Yes ☒ No

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☒ Yes ☐ No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information**.

Has your family member **EVER**:

14.a. Received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information**.

Has your family member **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☒ No

16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? ☒ Yes ☐ No

Part 5. Processing Information (continued)

18. Has your family member **EVER** been removed, excluded, or deported from the United States? ☒ Yes ☐ No

19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States? ☒ Yes ☐ No

20. Has your family member **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☒ No

21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☒ No

22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☒ No

23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☒ No

24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? ☐ Yes ☒ No

25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☒ No

26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☒ No

27. Does your family member plan to practice polygamy in the United States? ☐ Yes ☒ No

28. Has your family member **EVER** entered the United States as a stowaway? ☒ Yes ☐ No

29.a. Does your family member **NOW** have a communicable disease of public health significance? ☐ Yes ☒ No

29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☒ No

29.c. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict? ☐ Yes ☒ No

Part 6. Information About Your Qualifying Family Member's Spouse and/or Children

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

1.a. Family Name (Last Name): VERNEQUE MAIRINK

1.b. Given Name (First Name): Lays

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 11/25/1993

3. Country of Birth: Brazil

4. Relationship: Spouse

5.a. Family Name (Last Name): BRAGA MAGALHAES

5.b. Given Name (First Name): Luiz Gustavo

5.c. Middle Name: N/A

6. Date of Birth (mm/dd/yyyy): 10/20/2014

7. Country of Birth: Brazil

8. Relationship: Child

9.a. Family Name (Last Name): BRAGA

9.b. Given Name (First Name): Noah

9.c. Middle Name: MAIRINK

10. Date of Birth (mm/dd/yyyy): 10/27/2023

11. Country of Birth: USA

12. Relationship: Child

Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.

1.b. ☒ The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in

Portuguese,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.,**

Otavio Haverroth Silva,

prepared this supplement for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

5102419336

4. Petitioner's Mobile Telephone Number (if any)

5102419336

5. Petitioner's Email Address (if any)

otavio@legalhs.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my supplement;
2) I reviewed and understood all of the information in, and submitted with, my supplement; and
3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

➡ Kays Vernegue Mairink

6.b. Date of Signature (mm/dd/yyyy) 01/27/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Qualifying Family Member's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.

1.b. ☒ The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in

Portuguese,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.,**

Otavio Haverroth Silva,

prepared this supplement for me based only upon information I provided or authorized.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)

Qualifying Family Member's Contact Information

3. Qualifying Family Member's Daytime Telephone Number
   5102585815

4. Qualifying Family Member's Mobile Telephone Number (if any)
   5102585815

5. Qualifying Family Member's Email Address (if any)
   victormagalhaes19@icloud.com

Qualifying Family Member's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my supplement;
2) I reviewed and understood all of the information in, and submitted with, my supplement; and
3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Qualifying Family Member's Signature

6.a. Qualifying Family Member's Signature (sign in ink)
Victor Luiz Braga Magalhães

6.b. Date of Signature (mm/dd/yyyy) 01/27/2026

NOTE TO ALL QUALIFYING FAMILY MEMBERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
Andre Vinicius

1.b. Interpreter's Given Name (First Name)
INACIO PENNA MELLO

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA 3.e. ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

5. Interpreter's Mobile Telephone Number (if any)
4154252508

6. Interpreter's Email Address (if any)
andre@yousalaw.com

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Portuguese, which is the same language specified in **Part 7.**, **Item Number 1.b.**, and **Part 8. Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that he or she understood every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336

5. Preparer's Mobile Telephone Number (if any)
5102419336

6. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case ☒ extends ☐ does not extend beyond the preparation of this supplement.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name (Principal)

1.a. Family Name (Last Name): VERNEQUE MAIRINK

1.b. Given Name (First Name): Lays

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 213570776

3.a. Page Number: 6 **3.b.** Part Number: 5 **3.c.** Item Number: 17

3.d. On or about October 24, 2019, my spouse was aprehended near El Paso Texas, for entering the United States without valid entry documents and was placed in removal proceedings. He appeared in Immigration Court for two hearings prior to the conclusion of those proceedings.

4.a. Page Number: 6 **4.b.** Part Number: 5 **4.c.** Item Number: 18

4.d. After approximately three (3) months in immigration detention following his entry into the United States on or about October 24, 2019, my spouse was removed/deported from the United States

5.a. Page Number: 6 **5.b.** Part Number: 5 **5.c.** Item Number: 19

5.d. Following immigration court proceedings in 2019, my spouse was issued a removal order and was deported approximately three (3) months after his entry into the United States.

6.a. Page Number: 7 **6.b.** Part Number: 6 **6.c.** Item Number: 1B

6.d.] MAIRINK BRAGA, Alice

Country of birth: USA
Relationship: child

Date of birth: 02/14/2025

7.a. Page Number: 6 **7.b.** Part Number: 5 **7.c.** Item Number: 13.b

7.d. Yes. Following his apprehension upon entry into the United States on or about October 24, 2019, my spouse was detained for immigration purposes only. He was held for approximately seven (7) days in a federal jail and subsequently transferred to an immigration detention facility, where he remained for approximately three (3) months until his deportation

Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name (Principal)

1.a. Family Name (Last Name): **VERNEQUE MAIRINK**

1.b. Given Name (First Name): **Lays**

1.c. Middle Name: **N/A**

2. A-Number (if any) ► **A-** **213 570 776**

3.a. Page Number	**3.b.** Part Number	**3.c.** Item Number
7	5	28

3.d. Yes. After his prior removal from the United Staes my spouse reentered the country on or about September 24, 2021, near Laredo, Texas, by clandestinely traveling concealed inside a cargo truck, without inspection or admission by immigration authorities.

4.a. Page Number	**4.b.** Part Number	**4.c.** Item Number

4.d.

5.a. Page Number	**5.b.** Part Number	**5.c.** Item Number

5.d.

6.a. Page Number	**6.b.** Part Number	**6.c.** Item Number

6.d.

7.a. Page Number	**7.b.** Part Number	**7.c.** Item Number

7.d.

Application for Advance Permission to Enter as a Nonimmigrant

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-192
OMB No. 1615-0017
Expires 03/31/2027

For DHS Use Only		
Received	**Returned Trans. Out**	**Fee Stamp**
Trans. In	**Completed**	

Action by the Department of Homeland Security

Ground of Inadmissibility

- ☐ INA 212(a)(1) _____
- ☐ INA 212(a)(2) _____
- ☐ INA 212(a)(3) _____
- ☐ INA 212(a)(4) _____
- ☐ INA 212(a)(6) _____
- ☐ INA 212(a)(7) _____
- ☐ INA 212(a)(8) _____
- ☐ INA 212(a)(9) _____
- ☐ INA 212(a)(10) _____
- ☐ Other: _____
- ☐ Granted, subject to revocation at any time, upon the following terms and conditions

Action Stamp

Benefits Category:

- ☐ T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16
- ☐ T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16
- ☐ U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17
- ☐ U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17
- ☐ Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4

Date of Action (mm/dd/yyyy) _____ **DD or OIC** _____ **Office** _____

To be completed by an attorney or accredited representative (if any).

☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	3434486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- ☒ Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**

Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
BRAGA MAGALHAES	Victor Luiz	N/A

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

Other Information

3. Alien Registration Number (A-Number) (if any)

► A- 2 1 3 5 7 0 7 7 7

4. USCIS Online Account Number (if any)

► N / A

5. Date of Birth (mm/dd/yyyy)

01/10/1993

6. Place of Birth

City or Town	State or Province
Montes Claros	Minas Gerais

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

☒ Male ☐ Female

9. Mailing Address (Safe address, if applicable)
Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
P.O. Box 90487	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	United States

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

10. Physical Address 1 (current address)

Street Number and Name: 3535 El Portal Drive
Apt. Ste. Flr. Number: N/A
City or Town: El Sobrante
State: CA
ZIP Code: 94803
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 05/04/2024
To (mm/dd/yyyy): PRESENT

11. Physical Address 2

Street Number and Name: 2326 Estrella Court
Apt. Ste. Flr. Number: N/A
City or Town: Pinole
State: CA
ZIP Code: 94564
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 11/01/2022
To (mm/dd/yyyy): 05/03/2024

Information About Your Marital History

12. What is your current marital status?

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled

☐ Other N/A

13. How many times have you been married (including annulled marriages and marriages to the same person)? N/A

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your **current spouse**.

14. Current Spouse's Legal Name

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name (if applicable): N/A

15. Spouse's Alien Registration Number (A-Number) (if any) ► A- N/A

Part 2. Information About You (continued)

16. Date of Birth (mm/dd/yyyy) N/A

17. Date of Marriage (mm/dd/yyyy) N/A

18. Place of Birth

City or Town: N/A

State or Province: N/A

Country: N/A

19. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

Information About Prior Marriages (if any)

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

21. Date of Birth (mm/dd/yyyy) N/A

22. Date of Marriage (mm/dd/yyyy) N/A

23. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

24. Date Marriage Legally Ended (mm/dd/yyyy) N/A

25. Place Where Marriage Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Immigration and Criminal History

26. Explain the grounds of inadmissibility that may apply in your case.

On or about October 24, 2019, my family and I attempted to enter the United States near El Paso, Texas. At that time, I did not have valid entry documents and I was not admitted or paroled. (continues below)

Part 2. Information About You (continued)

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

28. Date Application Filed (mm/dd/yyyy) **N/A**

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry: **N/A**

City or Town: **N/A**

State or Province: **N/A**

Country: **N/A**

Receipt Number (if available) ► **N/A**

30. Have you **EVER** been in the United States for a period of six months or more? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information**.

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

34. Outcome of the application or petition (for example, approved, denied, or pending).

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information**.

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information**.

Part 2. Information About You (continued)

Travel Information

NOTE: If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

37. City
N/A

38. State
N/A

39. Name of Port of Entry
N/A

40. How do you plan to travel to the United States? (For example, by plane, ship, car)
N/A

41. When do you plan to enter the United States? (mm/dd/yyyy)
N/A

42. Approximate Length of Stay in the United States
N/A

43. What is the purpose of your stay in the United States? Explain fully below.
N/A

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

44. Employer 1 (current or most recent)

Name of Employer or Company
Adan David Knight

Address of Employer or Company

Street Number and Name
524 Arreba St

Apt. Ste. Flr. ☐ ☐ ☐

Number
N/A

City or Town
Martinez

State
CA

ZIP Code
94553

Province
N/A

Postal Code
N/A

Country
USA

Your Occupation
Constructor

Dates of Employment

From (mm/dd/yyyy)
07/03/2024

To (mm/dd/yyyy)
PRESENT

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

Unemployed

Address of Employer or Company

Street Number and Name: N/A

Apt.Ste. Flr. ☐ ☐ ☐ Number: N/A

City or Town: N/A

State:

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

Your Occupation: N/A

Dates of Employment

From (mm/dd/yyyy): 24/10/2019

To (mm/dd/yyyy): 07/03/2024

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 5102585815

2. Applicant's Mobile Telephone Number (if any): 5102585815

3. Applicant's Email Address (if any): victormagalhaes19@icloud.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Victor Hugo Braga Magalhães

Date of Signature (mm/dd/yyyy): 01/27/2026

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre

2. Interpreter's Business or Organization Name

HS LAW Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

4. Interpreter's Mobile Telephone Number (if any)

4154252508

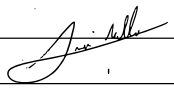
5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

01/27/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS LAW Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

01/27/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): **BRAGA MAGALHAES** | Given Name (First Name): **Victor Luiz** | Middle Name (if applicable): **N/A**

2. A-Number (if any) ► **A-** 213570777

3. Page Number: 3 | Part Number: 2 | Item Number: 11

2809 Wiswall Drie, Richmond, CA 94806 USA | From 09/24/2021 to 10/31/2022

150 Rua Antonio Rodrigues, Montes Claros, Minas Gerais, 39400, Brazil | From 01/24/2020 to 09/23/2021

4. Page Number: 4 | Part Number: 2 | Item Number: 26

Because my partner and I were not legally married at the time, immigration authorities did not recognize us as a single family unit and I was processed as a single adult. I was apprehended and detained, including approximately seven (7) days in a federal jail and then transferred to an immigration detention facility where I remained for approximately three (3) months. I had two immigration court hearings and, following those proceedings, I was removed/deported from the United States.

5. Page Number: 4 | Part Number: 2 | Item Number: 26

On September 16, 2021, distressed by the prolonged separation from my family, I reentered the United States without inspection, and I was not admitted or paroled. I have not leave the United States since then.

6. Page Number: 5 | Part Number: 2 | Item Number: 36

On or about October 24, 2019, I was apprehended by U.S. immigration authorities in connection with my entry into the United States without valid entry documents. I was detained for immigration purposes only and placed in removal proceedings. This detention was administrative in nature and did not involve any criminal charges, convictions, or violations of criminal law.

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): BRAGA MAGALHAES

1.b. Given Name (First Name): Victor Luiz

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio HAVERROTH SILVA

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 3535 El Portal Drive

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: El Sobrante

7.d. State: CA **7.e.** ZIP Code: 94803

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- 213570777

9. USCIS Online Account Number (if any)
▶ N / A

10. Sex ☒ Male ☐ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
▶ N / A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Montes Claros

15.b. State/Province of Birth

Minas Gerais

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 01/10/1993

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► N / A

18. Passport Number of Your Most Recently Issued Passport

FP246549

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 02/15/2026

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/24/2021

23. Place of Your Last Arrival Into the United States

Loredo, TX

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI (Entered Without Inspection)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

EWI

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(C) (14) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N / A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

portuguese ,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.**,

Otavio HAVERROTH SILVA ,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

(510)2585815

4. Applicant's Mobile Telephone Number (if any)

(510)2585815

5. Applicant's Email Address (if any)

N/A

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application; and

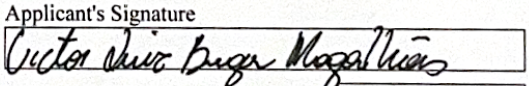
2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ 

7.b. Date of Signature (mm/dd/yyyy) 01/27/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415)425-2508

5. Interpreter's Mobile Telephone Number (if any): (415)425-2508

6. Interpreter's Email Address (if any): andre@yousalaw.com

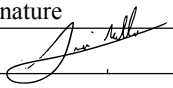
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature



7.b. Date of Signature (mm/dd/yyyy): 01/27/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (415)241-9336

5. Preparer's Mobile Telephone Number (if any): (415)241-9336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): **BRAGA MAGALHAES**

1.b. Given Name (First Name): **Victor Luiz**

1.c. Middle Name: **N/A**

2. A-Number (if any) ► **A-** **213570777**

3.a. Page Number: **N/A** **3.b.** Part Number: **N/A** **3.c.** Item Number: **N/A**

3.d. **N/A**

4.a. Page Number: **N/A** **4.b.** Part Number: **N/A** **4.c.** Item Number: **N/A**

4.d. **N/A**

5.a. Page Number: **N/A** **5.b.** Part Number: **N/A** **5.c.** Item Number: **N/A**

5.d. **N/A**

6.a. Page Number: **N/A** **6.b.** Part Number: **N/A** **6.c.** Item Number: **N/A**

6.d. **N/A**

7.a. Page Number: **N/A** **7.b.** Part Number: **N/A** **7.c.** Item Number: **N/A**

7.d. **N/A**

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-918A, I-765, I-192

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): MAIRINK BRAGA

6.b. Given Name (First Name): Luiz Gustavo

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N / A

Client's Contact Information

10. Daytime Telephone Number

(510) 830-6212

11. Mobile Telephone Number (if any)

(510) 830-6212

12. Email Address (if any)

N/A

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Kays Vernaye Mairink

2.b. Date of Signature (mm/dd/yyyy) **01/27/2026**

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) **01/27/2026**

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): **MAIRINK BRAGA**

1.b. Given Name (First Name): **Luiz Gustavo**

1.c. Middle Name: **N/A**

2.a. Page Number: **N/A** **2.b.** Part Number: **N/A** **2.c.** Item Number: **N/A**

2.d. **N/A**

3.a. Page Number: **N/A** **3.b.** Part Number: **N/A** **3.c.** Item Number: **N/A**

3.d. **N/A**

4.a. Page Number: **N/A** **4.b.** Part Number: **N/A** **4.c.** Item Number: **N/A**

4.d. **N/A**

5.a. Page Number: **N/A** **5.b.** Part Number: **N/A** **5.c.** Item Number: **N/A**

5.d. **N/A**

6.a. Page Number: **N/A** **6.b.** Part Number: **N/A** **6.c.** Item Number: **N/A**

6.d. **N/A**

Supplement A, Petition for Qualifying Family Member of U-1 Recipient

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks	Receipt	Action Block
	U.S. Embassy Consulate	**Validity Dates** (mm/dd/yyyy) From:___/___/____ To:___/___/____	**Wait Listed** Stamp Number ____ Date (mm/dd/yyyy) ____

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black or blue ink.**

NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:
   ☐ Spouse ☐ Parent ☒ Child
   ☐ Unmarried sibling under 18 years of age

Part 2. Information About You (Principal)

1.a. Family Name (Last Name): VERNEQUE MAIRINK
1.b. Given Name (First Name): Lays
1.c. Middle Name: N/A

Other Information

2. Date of Birth (mm/dd/yyyy): 11/25/1993
3. Alien Registration Number (A-Number) (if any): ► A- 213570776
4. USCIS Online Account Number (if any): ► N / A
5. Status of your Form I-918
   ☒ Pending ☐ Approved

Part 3. Information About Your Qualifying Family Member (Derivative)

1.a. Family Name (Last Name): MAIRINK BRAGA
1.b. Given Name (First Name): Luiz Gustavo
1.c. Middle Name: N/A

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

2.a. Family Name (Last Name): N/A
2.b. Given Name (First Name): N/A
Text
2.c. Middle Name: N/A

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

Residence or Intended Residence in the United States

(USPS ZIP Code Lookup)

3.a. Street Number and Name: 3535 El Portal Drive
3.b. ☐ Apt. ☐ Ste. ☐ Flr. E103
3.c. City or Town: El Sobrante
3.d. State: CA 3.e. ZIP Code: 94803

Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)

Safe Mailing Address (if other than Residence)

4.a. In Care Of Name
Otavio Haverroth Silva

4.b. Street Number and Name: PO BOX 90487

4.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.d. City or Town: San Diego

4.e. State: CA **4.f.** ZIP Code: 92169

4.g. Province: N/A

4.h. Postal Code: N/A

4.i. Country
USA

Other Information About Qualifying Family Member

5. A-Number (if any) ► A- 213 570 775

6. U.S. Social Security Number (if any)
► N / A

7. USCIS Online Account Number (if any)
► N / A

8. Date of Birth (mm/dd/yyyy): 10/20/2014

9. Country of Birth
Brazil

10. Country of Citizenship or Nationality
Brazil

11. Marital Status
☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Sex ☒ Male ☐ Female

13. Form I-94 Arrival-Departure Record Number
► N / A

14. Passport Number: YF328886

15. Travel Document Number: N/A

16. Country of Issuance for Passport or Travel Document
Brazil

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy): 01/05/2026

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 01/04/2031

Part 4. Additional Information About Your Qualifying Family Member

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

1.a. Date of Last Entry into the United States (mm/dd/yyyy): 10/24/2019

Place of Last Entry into the United States

1.b. City or Town: El Passo

1.c. State: TX

1.d. Current Immigration Status
EWI (Entered Without Inspection).

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

2.a. Date of Last Entry into the United States (mm/dd/yyyy): N/A

Place of Last Entry into the United States

2.b. City or Town: N/A

2.c. State: N/A

2.d. Date Authorized Stay Expired (mm/dd/yyyy): N/A

2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
N/A

Part 4. Additional Information About Your Qualifying Family Member (continued)

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

3.a. Type of Office (Select **only one** box):

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

3.b. City or Town: N/A

3.c. State: N/A

3.d. Country: N/A

Safe Foreign Address Where You Want Notification Sent (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

4.a. Street Number and Name: N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town: N/A

4.d. Province: N/A

4.e. Postal Code: N/A

4.f. Country: N/A

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name): N/A

5.b. Given Name (First Name): N/A

5.c. Middle Name: N/A

5.d. Date Marriage Ended (mm/dd/yyyy): N/A

5.e. Where did the marriage end?: N/A

5.f. How did the marriage end?: N/A

6.a. Family Name (Last Name): N/A

6.b. Given Name (First Name): N/A

6.c. Middle Name: N/A

6.d. Date Marriage Ended (mm/dd/yyyy): N/A

6.e. Where did the marriage end?: N/A

6.f. How did the marriage end?: N/A

Other Information

7.a. Your family member was or is in immigration proceedings. ☐ Yes ☒ No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.

7.b. ☐ Removal Proceedings
Removal Date (mm/dd/yyyy): N/A

7.c. ☐ Exclusion Proceedings
Exclusion Date (mm/dd/yyyy): N/A

7.d. ☐ Deportation Proceedings
Deportation Date (mm/dd/yyyy): N/A

7.e. ☐ Rescission Proceedings
Rescission Date (mm/dd/yyyy): N/A

7.f. ☐ Judicial Proceedings
Judicial Date (mm/dd/yyyy): N/A

8. Your family member would like an Employment Authorization Document. ☒ Yes ☐ No

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States.

Part 5. Processing Information

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 5.**, provide an explanation in the space provided in **Part 11. Additional Information**.

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

1.a. Committed a crime or offense for which he or she has not been arrested? ☐ Yes ☒ No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason? ☒ Yes ☐ No

1.c. Been charged with committing any crime or offense? ☐ Yes ☒ No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? ☐ Yes ☒ No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☒ No

1.f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No

1.g. Been held in jail or prison? ☐ Yes ☒ No

1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☒ No

1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No

Information About Arrests, Citations, Detentions, or Charges

2.a Why was your family member arrested, cited, detained, or charged?

Entered the U.S illegally

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

10/24/2019

Where was your family member arrested, cited, detained, or charged?

2.c. City or Town **El Passo**

2.d. State **TX**

2.e. Country

USA

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

no charges filed

3.a Why was your family member arrested, cited, detained, or charged?

N/A

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

3.c. City or Town **N/A**

3.d. State **N/A**

3.e. Country

N/A

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A

Part 5. Processing Information (continued)

Has your family member **EVER**:

4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☒ No

4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No

4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No

4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No

Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

5.c. Assassination? ☐ Yes ☒ No

5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)? ☐ Yes ☒ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

6.d. Assassination? ☐ Yes ☒ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☒ No

Does your family member intend to engage in the United States in:

7.a. Espionage? ☐ Yes ☒ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States? ☐ Yes ☒ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☒ No

8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No

Part 5. Processing Information (continued)

9. Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? ☐ Yes ☒ No

Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

10.a. Acts involving torture or genocide? ☐ Yes ☒ No

10.b. Killing any person? ☐ Yes ☒ No

10.c. Intentionally and severely injuring any person? ☐ Yes ☒ No

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☒ No

10.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information**.

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts? ☐ Yes ☒ No

Has your family member **EVER** been present or nearby when any person was:

12.a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☒ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☒ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☒ No

Has your family member **EVER**:

13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? ☐ Yes ☒ No

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information**.

Has your family member **EVER**:

14.a. Received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information**.

Has your family member **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☒ No

16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? ☐ Yes ☒ No

Part 5. Processing Information (continued)

18. Has your family member **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☒ No

19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☒ No

20. Has your family member **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☒ No

21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☒ No

22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☒ No

23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☒ No

24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? ☐ Yes ☒ No

25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☒ No

26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☒ No

27. Does your family member plan to practice polygamy in the United States? ☐ Yes ☒ No

28. Has your family member **EVER** entered the United States as a stowaway? ☐ Yes ☒ No

29.a. Does your family member **NOW** have a communicable disease of public health significance? ☐ Yes ☒ No

29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☒ No

29.c. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict? ☐ Yes ☒ No

Part 6. Information About Your Qualifying Family Member's Spouse and/or Children

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

1.a. Family Name (Last Name) **N/A**

1.b. Given Name (First Name) **N/A**

1.c. Middle Name **N/A**

2. Date of Birth (mm/dd/yyyy) **N/A**

3. Country of Birth **N/A**

4. Relationship **N/A**

5.a. Family Name (Last Name) **N/A**

5.b. Given Name (First Name) **N/A**

5.c. Middle Name **N/A**

6. Date of Birth (mm/dd/yyyy) **N/A**

7. Country of Birth **N/A**

8. Relationship **N/A**

9.a. Family Name (Last Name) **N/A**

9.b. Given Name (First Name) **N/A**

9.c. Middle Name **N/A**

10. Date of Birth (mm/dd/yyyy) **N/A**

11. Country of Birth **N/A**

12. Relationship **N/A**

Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.

1.b. ☒ The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in

Portuguese,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.,**

Otavio Haverroth Silva,

prepared this supplement for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

5102419336

4. Petitioner's Mobile Telephone Number (if any)

5102419336

5. Petitioner's Email Address (if any)

otavio@legalhs.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my supplement;
2) I reviewed and understood all of the information in, and submitted with, my supplement; and
3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

➡ Jays Vernegue Mairink

6.b. Date of Signature (mm/dd/yyyy) 01/27/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Qualifying Family Member's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this supplement and my answer to every question.

1.b. ☒ The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in

Portuguese,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.,**

Otavio Haverroth Silva,

prepared this supplement for me based only upon information I provided or authorized.

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)

Qualifying Family Member's Contact Information

3. Qualifying Family Member's Daytime Telephone Number
(510) 830-6212

4. Qualifying Family Member's Mobile Telephone Number (if any)
(510) 830-6212

5. Qualifying Family Member's Email Address (if any)
N/A

Qualifying Family Member's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my supplement;
2) I reviewed and understood all of the information in, and submitted with, my supplement; and
3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my supplement and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my supplement, and that all of this information is complete, true, and correct.

Qualifying Family Member's Signature

6.a. Qualifying Family Member's Signature (sign in ink)
Days Vernegue Mairink

6.b. Date of Signature (mm/dd/yyyy) 01/27/2026

NOTE TO ALL QUALIFYING FAMILY MEMBERS: If you do not completely fill out this supplement or fail to submit required documents listed in the Instructions, USCIS may deny your supplement.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
Andre Vinicius

1.b. Interpreter's Given Name (First Name)
INACIO PENNA MELLO

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA 3.e. ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

5. Interpreter's Mobile Telephone Number (if any)
4154252508

6. Interpreter's Email Address (if any)
andre@yousalaw.com

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Portuguese, which is the same language specified in **Part 7.**, **Item Number 1.b.**, and **Part 8. Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that he or she understood every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336

5. Preparer's Mobile Telephone Number (if any)
5102419336

6. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case ☒ extends ☐ does not extend beyond the preparation of this supplement.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this supplement.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this supplement or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name (Principal)

1.a. Family Name (Last Name): **VERNEQUE MAIRINK**

1.b. Given Name (First Name): **Lays**

1.c. Middle Name: **N/A**

2. A-Number (if any) ► A- **213 570 776**

3.a. Page Number	**3.b.** Part Number	**3.c.** Item Number
4	**5**	**31**

3.d.

On or about October 24, 2019, my child was briefly apprehended by U.S. immigration authorities upon entry into the United States together with me and his father. He was released on November 2, 2019, with me. My child was not detained beyond that date and was not placed in removal proceedings.

4.a. Page Number	**4.b.** Part Number	**4.c.** Item Number
N/A	**N/A**	**N/A**

4.d.

N/A
~~**N/A**~~
N/A
N/A
~~**N/A**~~
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5.a. Page Number	**5.b.** Part Number	**5.c.** Item Number
N/A	**N/A**	**N/A**

5.d.

N/A
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6.a. Page Number	**6.b.** Part Number	**6.c.** Item Number
N/A	**N/A**	**N/A**

6.d.

N/A
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7.a. Page Number	**7.b.** Part Number	**7.c.** Item Number
N/A	**N/A**	**N/A**

7.d.

N/A
~~**N/A**~~
N/A
N/A
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N/A
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N/A
N/A
~~**N/A**~~

Application for Advance Permission to Enter as a Nonimmigrant

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-192
OMB No. 1615-0017
Expires 03/31/2027

For DHS Use Only		
Received	**Returned Trans. Out**	**Fee Stamp**
Trans. In	**Completed**	

Action by the Department of Homeland Security

Ground of Inadmissibility

- ☐ INA 212(a)(1) _____
- ☐ INA 212(a)(2) _____
- ☐ INA 212(a)(3) _____
- ☐ INA 212(a)(4) _____
- ☐ INA 212(a)(6) _____
- ☐ INA 212(a)(7) _____
- ☐ INA 212(a)(8) _____
- ☐ INA 212(a)(9) _____
- ☐ INA 212(a)(10) _____
- ☐ Other: _____
- ☐ Granted, subject to revocation at any time, upon the following terms and conditions

Action Stamp

Benefits Category:

- ☐ T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16
- ☐ T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16
- ☐ U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17
- ☐ U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17
- ☐ Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4

Date of Action (mm/dd/yyyy) _____ **DD or OIC** _____ **Office** _____

To be completed by an attorney or accredited representative (if any).

☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	3434486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- ☒ Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**

Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MAIRINK BRAGA	Luiz Gustavo	N/A

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A

Other Information

3. Alien Registration Number (A-Number) (if any)

► A- N / A

4. USCIS Online Account Number (if any)

► N / A

5. Date of Birth (mm/dd/yyyy)

10/20/2014

6. Place of Birth

City or Town: Manhuaçu

State or Province: Minas Gerais

Country: Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

☒ Male ☐ Female

9. Mailing Address (Safe address, if applicable)
Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: P.O. Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

Province: N/A

Postal Code: N/A

Country: USA

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

10. Physical Address 1 (current address)

Street Number and Name: 3535 El Portal Drive
Apt. Ste. Flr. Number: N/A
City or Town: El Sobrante
State: CA
ZIP Code: 94803
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 05/04/2024
To (mm/dd/yyyy): PRESENT

11. Physical Address 2

Street Number and Name: 2326 Estrella Court
Apt. Ste. Flr. Number: N/A
City or Town: Pinole
State: CA
ZIP Code: 94564
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 11/01/2022
To (mm/dd/yyyy): 05/03/2024

Information About Your Marital History

12. What is your current marital status?

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled

☐ Other N/A

13. How many times have you been married (including annulled marriages and marriages to the same person)? N/A

Information About Your Current Marriage (including if you are legally separated)

If you are currently married, provide the following information about your **current spouse**.

14. Current Spouse's Legal Name

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name (if applicable): N/A

15. Spouse's Alien Registration Number (A-Number) (if any) ► A- N / A

Part 2. Information About You (continued)

16. Date of Birth (mm/dd/yyyy) N/A

17. Date of Marriage (mm/dd/yyyy) N/A

18. Place of Birth

City or Town: N/A

State or Province: N/A

Country: N/A

19. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

Information About Prior Marriages (if any)

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

21. Date of Birth (mm/dd/yyyy) N/A

22. Date of Marriage (mm/dd/yyyy) N/A

23. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

24. Date Marriage Legally Ended (mm/dd/yyyy) N/A

25. Place Where Marriage Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Immigration and Criminal History

26. Explain the grounds of inadmissibility that may apply in your case.

On or about 10/24/2019, I attempted to enter the United States with my mother and father, near El Paso, TX, without being admitted or paroled and without valid entry documents. I was apprehend by U.S Immigration authorities and detained with my mother for 8 days in short-term CBP custody.

Part 2. Information About You (continued)

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

28. Date Application Filed (mm/dd/yyyy) **N/A**

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry: **N/A**

City or Town: **N/A**

State or Province: **N/A**

Country: **N/A**

Receipt Number (if available) ► **N/A**

30. Have you **EVER** been in the United States for a period of six months or more? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information**.

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

N/A

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

N/A

34. Outcome of the application or petition (for example, approved, denied, or pending).

N/A

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information**.

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information**.

Part 2. Information About You (continued)

Travel Information

NOTE: If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

37. City
N/A

38. State

39. Name of Port of Entry
N/A

40. How do you plan to travel to the United States? (For example, by plane, ship, car)
N/A

41. When do you plan to enter the United States? (mm/dd/yyyy)
N/A

42. Approximate Length of Stay in the United States
NA

43. What is the purpose of your stay in the United States? Explain fully below.
N/A

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

44. Employer 1 (current or most recent)

Name of Employer or Company
UNEMPLOYED

Address of Employer or Company

Street Number and Name
N/A

Apt. Ste. Flr. ☐ ☐ ☐

Number
N/A

City or Town
N/A

State

ZIP Code
N/A

Province
N/A

Postal Code
N/A

Country
N/A

Your Occupation
N/A

Dates of Employment

From (mm/dd/yyyy)
10/20/2014

To (mm/dd/yyyy)
PRESENT

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

N/A

Address of Employer or Company

Street Number and Name

N/A

Apt. Ste. Flr. ☐ ☐ ☐

Number

N/A

City or Town

N/A

State

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Your Occupation

N/A

Dates of Employment

From (mm/dd/yyyy)

N/A

To (mm/dd/yyyy)

N/A

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

5108306212

2. Applicant's Mobile Telephone Number (if any)

5108306212

3. Applicant's Email Address (if any)

N/A

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Kays Vernegue Mairink

Date of Signature (mm/dd/yyyy)

01/27/2026

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre

2. Interpreter's Business or Organization Name

HS LAW Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

4. Interpreter's Mobile Telephone Number (if any)

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

01/27/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS LAW Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

01/27/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): **MAIRINK BRAGA** | Given Name (First Name): **Luiz Gustavo** | Middle Name (if applicable): **N/A**

2. A-Number (if any) ► **A-** **N/A**

3. Page Number: 3 | Part Number: 2 | Item Number: 11

2809 Wiswall Drive, Richmond, CA 94806 USA | from 07/01/2021 to 10/31/2022

4. Page Number: 5 | Part Number: 2 | Item Number: 30

Since I entered the United Statos on October 24,2019 I have not left and have remained in the coutry ever since.

5. Page Number: 5 | Part Number: 2 | Item Number: 36

On or about October 24, 2019, I was briefly apprehended by U.S. immigration authorities after entering the United States without valid entry documents, together with my mother and father. This was solely an administrative immigration matter and did not involve any criminal conduct or criminal proceedings.

6. Page Number: | Part Number: | Item Number:

N/A

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block
	☐ Authorization/Extension Valid Through _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): MAIRINK BRAGA

1.b. Given Name (First Name): Luiz Gustavo

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio HAVERROTH SILVA

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 3535 El Portal Drive

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: El Sobrante

7.d. State: CA **7.e.** ZIP Code: 94803

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- N / A

9. USCIS Online Account Number (if any)
▶ N / A

10. Sex ☒ Male ☐ Female

11. Marital Status
☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
▶ N / A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Manhuaçu

15.b. State/Province of Birth

Minas Gerais

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 10/20/2014

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► N / A

18. Passport Number of Your Most Recently Issued Passport

YF328886

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/04/2031

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 10/24/2019

23. Place of Your Last Arrival Into the United States

El Paso, TX

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI (Entered Without Inspection)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

EWI

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(C) (14) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N / A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,** Otavio HAVERROTH SILVA, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
(510)830-6212

4. Applicant's Mobile Telephone Number (if any)
(510)830-6212

5. Applicant's Email Address (if any)
N/A

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature
➡ Lays Verneque Mainink

7.b. Date of Signature (mm/dd/yyyy) 01/27/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415)425-2508

5. Interpreter's Mobile Telephone Number (if any): (415)425-2508

6. Interpreter's Email Address (if any): andre@yousalaw.com

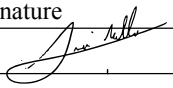
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature



7.b. Date of Signature (mm/dd/yyyy): 01/27/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (415)241-9336

5. Preparer's Mobile Telephone Number (if any): (415)241-9336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 01/27/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): **MAIRINK BRAGA**

1.b. Given Name (First Name): **Luiz Gustavo**

1.c. Middle Name: **N/A**

2. A-Number (if any) ► **A-** **213570775**

3.a. Page Number: **N/A** **3.b.** Part Number: **N/A** **3.c.** Item Number: **N/A**

3.d. **N/A**

4.a. Page Number: **N/A** **4.b.** Part Number: **N/A** **4.c.** Item Number: **N/A**

4.d. **N/A**

5.a. Page Number: **N/A** **5.b.** Part Number: **N/A** **5.c.** Item Number: **N/A**

5.d. **N/A**

6.a. Page Number: **N/A** **6.b.** Part Number: **N/A** **6.c.** Item Number: **N/A**

6.d. **N/A**

7.a. Page Number: **N/A** **7.b.** Part Number: **N/A** **7.c.** Item Number: **N/A**

7.d. **N/A**

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Exhibit 1 – Lays Verneque Mairink’s Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

LAYS VERNEQUE MAIRINK

CPF

No record.

Registration

0504350155 1993 1 00008 261 0009707 26

DATE OF BIRTH IN FULL

November twenty-five, nineteen ninety-three

DAY MONTH YEAR

25/11/1993

TIME

08:27 a.m.

PLACE OF BIRTH

IPANEMA - MG

CITY OF REGISTRATION AND STATE

Ipanema-MG

MUNICIPALITY OF BIRTH AND STATE

SÃO VICENTE DE PAULO MATERNITY HOSPITAL, Ipanema - MG

SEX

Female

FILIATION

JOSE CARLOS MAIRINK,
LUCIA APARECIDA VERNEQUE MAIRINK

GRANDPARENTS

JOÃO MAIRINK and JOSEFINA DA SILVA MAIRINK
CELSO DE SOUZA VERNEQUE and ZELIA DA SILVA VERNEQUE

TWIN

NO

NAME AND REGISTRATION OF THE TWIN(S)

DATE OF REGISTRATION IN FULL

November twenty-nine, nineteen ninety-three

Live Registration Number

NOTES/ANNOTATIONS TO ADD

NO RECORD

Civil Registry Office
Registrar: Marcelo de Oliveira Silva
Address: Jardyr Silva No. 238, Centro.
registrocivilipanema@yahoo.com.br

The Content of this Certificate is true. I certify.
Ipanema-MG, May 15, 2024.

----//signature//----

Signature of the Registrar / Deputy

Maria Luiza Gomes Vieira Nantes
Clerk of the Civil Registry Office of Natural Persons Ipanema/MG

JUDICIARY - TJMG
JUDICIAL ADMINISTRATIVE DEPARTMENT
Civil Registry Office - MG
Inspection Seal: HJN29536 – Security Code: 6407.3853.7439.3350 - Code and Number of Act(s) Performed: 1 (7802), 1 (7901), 1 (7402) Act(s) Performed by:
Fees: R$57,86 – Judicial Fee: R$10,99 – Total: R$68,85 – ISS: R$2,72
Check the validity at: https://selos.tjmg.jus.br

10.609.087/0001-52
Civil Registry Office of
Natural Persons
AVENIDA 7 DE SETEMBRO, 792
CENTRO – ZIP CODE 36.950-000
IPANEMA – MINAS GERAIS

ARPENBRASIL GB 4005580 BRP

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: September 30, 2025.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME
LAYS VERNEQUE MAIRINK

CPF
Nada consta.

MATRÍCULA
0504350155 1993 1 00008 261 0009707 26

DATA DE NASCIMENTO POR EXTENSO
vinte e cinco de novembro de mil novecentos e noventa e três

DIA MÊS ANO
25/11/1993

HORA
08:27

NATURALIDADE
IPANEMA - MG

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO
Ipanema-MG

LOCAL, MUNICÍPIO DE NASCIMENTO E UF
HOSPITAL MATERNIDADE SÃO VICENTE DE PAULO, Ipanema - MG

SEXO
Feminino

FILIAÇÃO
JOSÉ CARLOS MAIRINK,
LUCIA APARECIDA VERNEQUE MAIRINK,

AVÓS
JOÃO MAIRINK e JOSEFINA DA SILVA MAIRINK
CELSO DE SOUZA VERNEQUE e ZELIA DA SILVA VERNEQUE

GÊMEO
NÃO

NOME E MATRÍCULA DO(S) GÊMEO(S)

DATA DO REGISTRO POR EXTENSO
vinte e nove de novembro de mil novecentos e noventa e três

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO

AVERBAÇÕES/ANOTAÇÕES A ACRESCER
NÃO HA.

Cartório de Registro Civil
Oficial: Marcelo de Oliveira Silva
Rua: Jardyr Silva nº238 Centro
Ipanema-MG. (33)99827-2945
registrocivilipanema@yahoo.com.br

PODER JUDICIÁRIO - TJMG
CORREGEDORIA - GERAL DE JUSTIÇA
Cartório de Registro Civil - MG
Selo Consulta: HJN29536 - Cod. Seg.: 6407.3853.7439.3350 - Cod. e Quantidade do(s) ato(s) Praticado(s): 1 (7802), 1 (7901) Ato(s) Praticado(s) por: - - Emol.: R$ 57,86 - Tx.Judic.: R$ 10,99 - Total: R$ 68,85 - ISS: R$ 2,72
Consulte a validade no site: https://selos.tjmg.jus.br

O conteúdo da certidão é verdadeiro. Dou fé.
Ipanema-MG, 15 de maio de 2024.

Assinatura do Oficial/Substituto

Maria Luiza Gomes Vieira Nantes
Escrevente do Registro Civil
de Pessoas Naturais
Ipanema/MG

10.609.087/0001-52
Cartório do Registro Civil
das Pessoas Naturais
AVENIDA 7 SETEMBRO, 792
CENTRO - CEP 36.950-000
IPANEMA - MINAS GERAIS

GB 4005580 BRP

ARPENBRASIL
ASSOCIAÇÃO NACIONAL DOS REGISTRADORES DE PESSOAS NATURAIS

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FED RATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

Lays Verneque Mairink

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

YE766326

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
PP

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YE766326

SOBRENOME / SURNAME
VERNEQUE MAIRINK

NOME / GIVEN NAMES
LAYS

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
25 NOV/NOV 1993

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
IPANEMA, MG, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
01 JUL/JUL 2024

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
30 JUN/JUN 2028

PPBRAVERNEQUE<MAIRINK<<LAYS<<<<<<<<<<<<<<<<<<<<

YE766326<2BRA9311251F2806309<<<<<<<<<<<<<<<00

SPECIMEN

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

5

BRA

CASA DA MOEDA DO BRASIL

BRA 634952MR

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

120

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.005

YE766326

01 JUL/JUL 2024
LAURA ARAUJO DE LIMA RAMOS
VICE-CÔNSUL

VISTOS VISAS

VISTOS VISAS

VISTOS 10 VISAS

VISTOS 11 VISAS


VISTOS 10 VISAS
VISTOS 11 VISAS


10
VISTOS 12 VISAS
VISTOS 13 VISAS



Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos pode[illegible]afetar adversamente a operação do chip e r[illegible]uzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

Exhibit 2 – Victor Luiz Braga Magalhaes' Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
STATE OF MINAS GERAIS

MINAS GERAIS JUDICIARY
JUDICIAL DISTRICT OF MANGA – MUNICIPALITY OF MANGA
HEADQUARTERS DISTRICT

Chaves Justice of the Peace and Civil Registry Office
RUA PRESIDENTE OLEGÁRIO MACIEL 1313, CENTRO, ZIP Code: 39460-000
Phone: (38) 3615-1194
CHIEF REGISTRAR: LEONDINA LACERDA NETA

BIRTH CERTIFICATE

Book: 22-A - Page: 105 - Entry: 10,988

I hereby certify that in Book 22-A, Page 105, Entry No. 10,988, the record concerning the birth of the following individual was registered:

NAME: "VICTOR LUIZ BRAGA MAGALHÃES";

SEX: Male

BORN ON 01/10/1993 January tenth, nineteen ninety-three

PLACE OF BIRTH: Municipality of Montes Claros, State of Minas Gerais, Brazil

PARENTS: **ROSBER KLAYTON MAGALHÃES** and **MARIA DA PENHA BRAGA MAGALHÃES;**

Paternal Grandparents: Alberto Magalhães Lacerda and Enedina da Silva Lima

Maternal Grandparents: Pedro Luiz Braga and Maria da Penha Oliveira

The declarant, according to the Law, was: THE FATHER.

Registration made on 02/10/1993.

Observations: NOTHING FURTHER.

The above is true and I certify.

Manga - MG, January 6, 2009.

Leondina Lacerda Neta

Leondina Lacerda Neta
CLERK

JUDICIAL ADMINISTRATIVE DEPARTMENT
Inspection Seal
CERTIFICATE
AJN 80981

SIGNATURE REGISTERED
11th Notary Public Office – Vila Mariana
38th Subdistrict – Vila Mariana
São Paulo – SP

Law No. 15,424 – Tab 2
FEES
FIMC TAX
TOTAL R$ 22,43

CNPJ 499.646/0001-55
CHAVES JUSTICE OF THE PEACE AND CIVIL REGISTRY OFFICE
Registrar: Leondina Lacerda Neta
Assistant Clerk: (unreadable) Tavares Filho
Rua President Olegário Maciel, No. 1313 – ZIP Code 39460-000

AA 3458636

VALID THROUGHOUT THE NATIONAL TERRITORY WITHOUT AMENDMENTS AND/OR ERASURES

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: January 26, 2026

REPÚBLICA FEDERATIVA DO BRASIL
ESTADO DE MINAS GERAIS

JUSTIÇA DE MINAS GERAIS
COMARCA DE MANGA - MUNICÍPIO DE MANGA
DISTRITO SEDE

Cartório de Paz e Registro Civil "Chaves"
RUA PRESIDENTE OLEGÁRIO MACIEL 1313 , CENTRO , Cep:39460 000
Telefone: (38)3615 1194
OFICIAL TITULAR: LEONDINA LACERDA NETA

CERTIDÃO DE NASCIMENTO

Livro:22 A - Fls.: 105 - Termo: 10.988

Certifico que no livro: 22 A , folha: 105 e termo: 10.988, foi registrado o assento referente ao nascimento de:

NOME:...: "VICTOR LUIZ BRAGA MAGALHÃES";

SEXO: masculino;

NASCIDO AOS 10/01/1993 (dez de janeiro de mil novecentos e noventa e três);

NATURAL do município de MONTES CLAROS - MG.

FILHO de: ROSBER KLAYTON MAGALHÃES e MARIA DA PENHA BRAGA MAGALHÃES;

Avós Paternos: ALBERTO MAGALHÃES LACERDA e ENEDINA DA SILVA LIMA;

Avós Maternos: PEDRO LUIZ BRAGA e MARIA DA PENHA OLIVEIRA;

Foi declarante de acordo com a Lei: O GENITOR;

Registro feito aos 10/02/1993.

Observações: NADA MAIS.

O referido é verdade e dou fé.

MANGA - MG, 06 de janeiro de 2009.

Leondina Lacerda Neta

Leondina Lacerda Neta
ESCRIVÃ

Selo de Fiscalização
CERTIDÃO
AJN 80981

Lei 13424 - Tab. 7
EMOL: 8,41 7,61
TX. FISC. 5,91 1,25
TOTAL R$ 22,43

FIRMA REGISTRADA
1º Cartório de Notas 1º Ofício
São Paulo - SP

CNPJ 490.646/0001-55
CARTÓRIO DE PAZ E REGISTRO CIVIL "CHAVES"
Oficiala: Leondina Lacerda Neta
Escrevente: Aurolino Tavares Filho
Rua Presidente Bacriel, 1313 - Distrito Sede
Cep. 39.460-000 Manga/MG

AA 3458636

VALIDA EM TODO O TERRITÓRIO NACIONAL. QUALQUER ALTERAÇÃO INVALIDA ESTE DOCUMENTO

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular
deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des États étrangers sont priées de bien vouloir prêter
au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer
such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular
de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países
com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays
avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries
with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países
con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

Victor Luiz Braga Magalhães

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FP246549

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
FP246549

SOBRENOME / SURNAME
BRAGA MAGALHÃES

NOME / GIVEN NAMES
VICTOR LUIZ

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
10 JAN/JAN 1993

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
MONTES CLAROS/MG

FILIAÇÃO / FILIATION
ROSBER KLAYTON MAGALHAES

MARIA DA PENHA BRAGA MAGALHÃES

DATA DE EXPEDIÇÃO / DATE OF ISSUE
16 FEV/FEB 2016

VÁLIDO ATÉ / DATE OF EXPIRY
15 FEV/FEB 2026

AUTORIDADE / AUTHORITY
SR/DPF/MG

P<BRABRAGA<MAGALHAES<<VICTOR<LUIZ<<<<<<<<<<<<
FP246549<8BRA9301102M2602154<<<<<<<<<<<<<<06

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

26


ESTADOS UNIDOS MEXICANOS
SECRETARÍA DE GOBERNACIÓN
CIUDAD DE MÉXICO
MEXICO
REPUBLICA DE HONDURAS
INSTITUTO NACIONAL DE MIGRACIÓN
SALIDA
1000000033006711
FECHA: 13/09/2021 11:17:11
DELEGACIÓN: AGU
OFICIAL: ZARITA
VISTOS VISAS
27
REPUBLICA DE NICARAGUA
ESTANCIA 90 DIAS
ENTRADA
11 SEP. 2021
PUESTO TERRESTRE
PEÑAS BLANCAS
VISTOS VISAS
REPÚBLICA DE COSTA RICA
Dirección General de Migración y Extranjería
06 SEP. 2021
Permanencia 5 días
Autorizado por: 2100 AS
Aeropuerto Intl. Juan Santamaría
REPUBLICA DE COSTA RICA
Dirección General de Migración y Extranjería
11 SEP 2021
S
Autorizado por: 5007 TP 5T
Peñas Blancas



VISTOS VISAS





VISTOS VISAS

VISTOS 15 VISAS

VISTOS 14 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS
36

VISTOS 27 VISAS

VISTOS 26 VISAS



VISTOS 31 VISAS

VISTOS 30 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem [illegible]tar adversamente a operação do chip e red[illegible]r sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

Exhibit 3 – Luiz Eduardo Mairink Braga’s Identification Documents

FEDERAL REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

LUIZ GUSTAVO MAIRINK BRAGA

CPF

No record.

Registration

0504350155 2014 1 00014 005 0015874 89

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
October twentieth, two thousand fourteen	20	10	2014

TIME OF BIRTH	PLACE OF BIRTH
08:01 A.M.	-

CITY OF REGISTRATION AND STATE	LOCATION, CITY OF BIRTH AND STATE	SEX
Ipanema - MG	HOSPITAL CESAR LEITE, MANHUAÇU -MG	Male

PARENTS

VICTOR LUIZ BRAGA MAGALHÃES,
LAYS VERNEQUE MAIRINK,

GRANDPARENTS

ROSBER KLAYTON MAGALHÃES and MARIA DA PENHA BRAGA MAGALHÃES
JOSÉ CARLOS MAIRINK and LUCIA APARECIDA

TWIN	NAME AND REGISTRATION OF THE TWINS
NO	

REGISTRATION DATE IN FULL	LIVE BIRTH REGISTRATION NUMBER
October twenty-third, two thousand fourteen	3066332560-0

ANNOTATIONS / NOTES TO BE ADDED

NONE.

Civil Registry Office
Registrar: Marcelo de Oliveira Silva
Street: Jardyr Silva, No. 238 – Centro
Ipanema – MG
Phone: (33) 3314-1987
Email: registrocivilipanema@yahoo.com.br

The content of the certificate is true. I certify
Ipanema, State of Minas Gerais, January 8, 2020.

------//signature//------

Signature of the Registrar / Deputy Registrar

Matheus Souza de Oliveira Silva
Deputy Registrar of the Civil
Registry of Natural Persons
Ipanema – MG

JUDICIARY BRANCH – TJMG
JUDICIAL ADMINISTRATIVE DEPARTMENT
Civil Registry Office – MG
Digital Seal: BZZ33961 Security Code: 0555.1374.7746.2164
Code and Quantity of Act(s) Performed: 1 (7802) Act(s)
Performed by: - - - Fees: R$ 34.04 - Judicial Fee: R$ 6.87 -
Total: R$ 40.91 - ISS (Service Tax): R$ 1.61
Verify authenticity on the website: https://selos.timg.jus.br

10.609.087/0803-52

Civil Registry Office of Natural Persons
RUA JADIR SILVA, No. 238-A
CENTRO – ZIP CODE 36.950-000
IPANEMA – MINAS GERAIS

CGS-AAA-02048084

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: January 26, 2026.**

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME
LUIZ GUSTAVO MAIRINK BRAGA

CPF
Nada consta.

MATRÍCULA
0504350155 2014 1 00014 005 0015874 89

DATA DE NASCIMENTO POR EXTENSO
vinte de outubro de dois mil e quatorze

DIA MÊS ANO
20/10/2014

HORA
08:01

NATURALIDADE
-

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO
Ipanema-MG

LOCAL, MUNICÍPIO DE NASCIMENTO E UF
HOSPITAL CESAR LEITE, MANHUAÇU - MG

SEXO
Masculino

FILIAÇÃO
VICTOR LUIZ BRAGA MAGALHÃES,
LAYS VERNEQUE MAIRINK,

AVÓS
ROSBER KLAYTON MAGALHÃES e MARIA DA PENHA BRAGA MAGALHÃES
JOSÉ CARLOS MAIRINK e LUCIA APARECIDA VERNEQUE MAIRINK

GÊMEO
NÃO

NOME E MATRÍCULA DO(S) GÊMEO(S)

DATA DO REGISTRO POR EXTENSO
vinte e três de outubro de dois mil e quatorze

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO
3066332560-0

AVERBAÇÕES/ANOTAÇÕES A ACRESCER
NÃO HA.

Cartório de Registro Civil
Oficial: Marcelo de Oliveira Silva
Rua: Jardyr Silva nº238 Centro
Ipanema-MG. (33)3314-1987
registrocivilipanema@yahoo.com.br

O conteúdo da certidão é verdadeiro. Dou fé.
Ipanema-MG, 08 de janeiro de 2020.

Assinatura do Oficial/Substituto

PODER JUDICIÁRIO - TJMG
CORREGEDORIA - GERAL DE JUSTIÇA
Cartório de Registro Civil - MG
Selo Digital: BZZ33961 - Cod. Seg.: 0555.1374.7746.2164 - Cod. e Quantidade do(s) ato(s) Praticado(s): 1 (7802) Ato(s) Praticado(s) por: - - Emol.: R$ 34,04 - Tx.Judic.: R$ 6,87 - Total: R$ 40,91 - ISS: R$ 1,61
Consulte a validade no site: https://selos.tjmg.jus.br

Mathaus Vinicius Oliveira Silva
Oficial Substituto do Registro Civil de Pessoas Naturais
Ipanema - MG

10.609.087/0001-52
Cartório do Registro Civil das Pessoas Naturais
RUA JARDIR SILVA, 238 A
CENTRO - CEP 36.880-000
IPANEMA - MINAS GERAIS

CGS-AAA-02048084



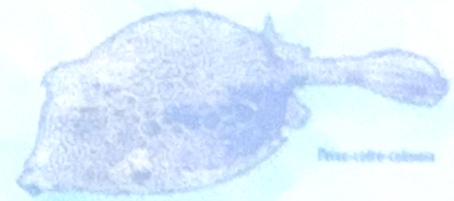
Destaque: Farol em Laguna - SC, Canoa Caiçara - RJ,
Cavalo-marinho e Tartaruga-verde.

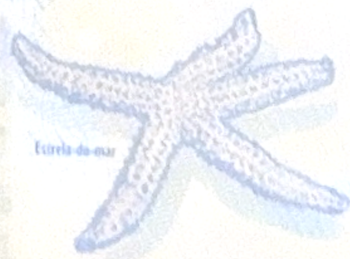
Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE









REPÚBLICA FEDERATIVA DO BRASIL

Assinatura do titular / *Signature du titulaire /*
Bearer's signature / Firma del titular

YF328886

Este passaporte deve ser assinado
pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé
par le titulaire, sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado
por el titular, salvo en caso de incapacidad.





PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / *TYPE*
PP

PAÍS EMISSOR / *ISSUING COUNTRY*
BRA

PASSAPORTE Nº / *PASSPORT No.*
YF328886

SOBRENOME / *SURNAME*
MAIRINK BRAGA



NOME / *GIVEN NAMES*
LUIZ GUSTAVO

NACIONALIDADE / *NATIONALITY*
BRASILEIRO(A)

DATA DE NASCIMENTO / *DATE OF BIRTH*
20 OUT/OCT 2014

CPF / *PERSONAL NUMBER*
113072815-32

SEXO / *SEX*
M

NATURALIDADE / *PLACE OF BIRTH*
MANHUAÇU/MG

FILIAÇÃO / *FILIATION*
VICTOR LUIZ BRAGA MAGALHÃES

LAYS VERNEQUE MAIRINK

O TITULAR ESTÁ AUTORIZADO PELOS RESPONSÁVEIS LEGAIS,PELO PRAZO DESTE DOCUMENTO,A VIAJAR ACOMPANHADO ADELMIDE LUIS BRAGA - PASSAPORTE FX28658(RES.

DATA DE EXPEDIÇÃO / *DATE OF ISSUE*
05 JAN/JAN 2026

AUTORIDADE / *AUTHORITY*
SÃO FRANCISCO CG

VÁLIDO ATÉ / *DATE OF EXPIRY*
04 JAN/JAN 2031

PPBRAMAIRINK<BRAGA<<LUIZ<GUSTAVO<<<<<<<<<<<<<<

YF328886<6BRA1410206M3101045113072815 32<<<74

Este passaporte contém
32 páginas numeradas.

Ce passeport contient
32 pages numérotées.

This passport contains
32 numbered pages.

Este pasaporte contiene
32 páginas numeradas.



Siriema

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistência en caso de necesidad.



Flores da Loberia

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

REPÚBLICA
FEDERATIVA
DO BRASIL

YF328886

PAGOU
R$-Ouro 80.00
US$ 80.00
TEC 1.01.01.000.007
YF328886

05 JAN/JAN 2026
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

BRA

047446MU

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

DO BRASIL

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.



Mico-leão-dourado



Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado.

A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

REPÚBLICA FEDERATIVA DO BRASIL



Tucano

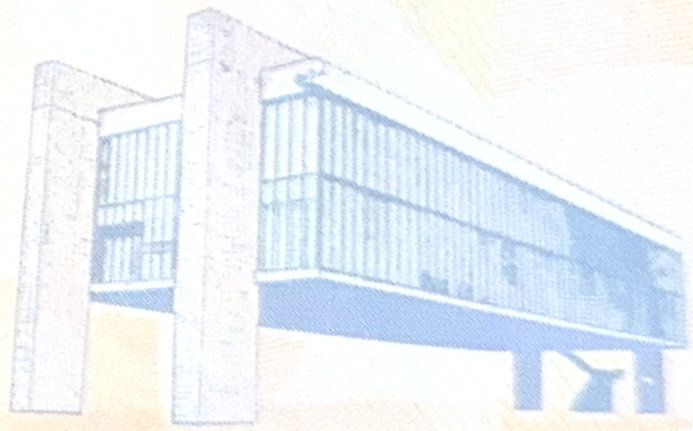
É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



Museu de Arte de São Paulo - Masp

Consulte/ *Consultez / Consult / Consulte*
www.portalconsular.mre.gov.br ou **www.pf.gov.br**

REPÚBLICA FEDERATIVA DO BRASIL


8
BIOMA MATA ATLÂNTICA
Bromélia
Praça da Apoteose - Sambódromo - RJ
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
9
Beija-Flor
Profetas do Aleijadinho
Congonhas - MG
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL



Pandeiro e Agogô



Onça-pintada

REPÚBLICA
FEDERATIVA
DO BRASIL

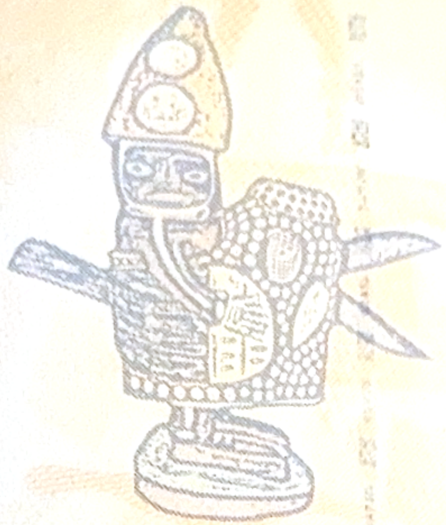


Capivara



Parque da Pedra da Cebola - Vitória - ES

REPÚBLICA
FEDERATIVA
DO BRASIL



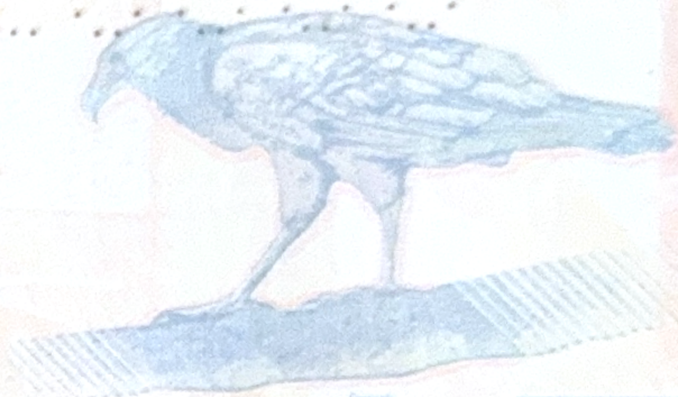
Mateu no Jaraguá -
Personagem do Reisado



Mandacaru e suas flores

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Carcará



Mateu no Boi -
Personagem do Reisado

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



Ata-branca



Artesanato em argila - Festa Junina



Sagui-de-tufos-brancos



Artesanato em argila - Retirantes



Artesanato em Madeira
Sanfoneiro de Forró



Canoa utilizada no Maranhão



Usinas em Marechal Deodoro - AL



Berimbau e caxixi



Cerâmica de Icoaraci - PA

BIOMA AMAZÔNIA

18



Castanha-do-Pará

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



19



Guaraná

VISTOS / VISAS

REPÚBLICA FEDERATIVA DO BRASIL



Espécime de Rã Amazônica

BIOMA AMAZÔNIA

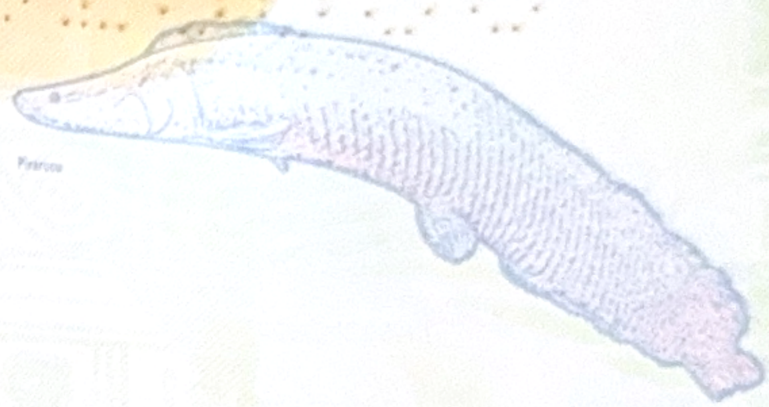
20



Palmeira e frutos
do babaçu e carnaúba

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Pirarucu

21



Boneca de artesanato indígena Bicxokó

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



Instrumentos tradicionais indígenas Ashaninka

BIOMA AMAZÔNIA

22



Vitória-régia e sua flor

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS





Artesanato em Capim-dourado - Jalapão - TO

23

VISTOS / VISAS

REPÚBLICA FEDERATIVA DO BRASIL



Curicaca

BIOMA PANTANAL

24



Chalupa

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Tuiuiú



Jacaré-do-pantanal

25

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL

BIOMA PANTANAL



Veado-campeiro



Viola-de-cocho

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



Gavião-preto



Berrante

VISTOS / VISAS

REPÚBLICA FEDERATIVA DO BRASIL



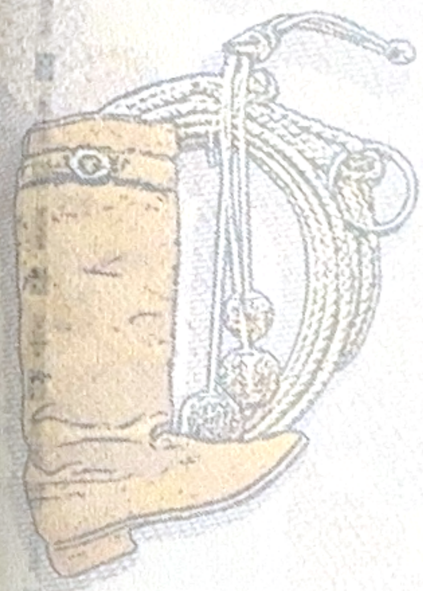
Pêssankas – artesanato de herança ucraniana



Renda de bilro – artesanato de herança açoriana



Coelhinha



Bota e boleadeira gauchas

IDENTIDADE

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address

.....

Cidade / City

.....

Estado / State

.....

País / Country

.....

Telefone / Phone

.....



Pinha (fruto do pinheiro - acima) e pinhão (semente da araucária - abaixo)



Gralha-azul

EMERGÊNCIA

Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à pessoa abaixo indicada:

En cas d'accident, conctacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / *Name*

.....

Endereço / *Address*

.....

Cidade / *City*

.....

Estado / *State*

.....

País / *Country*

.....

Telefone / *Phone*

.....



Emas



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.



Cuia de chimarrão.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.

Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

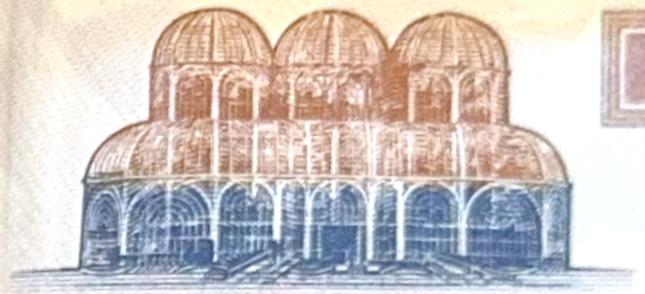


Tamanduá-bandeira

Créditos e
informações importantes:
Acesse o endereço eletrônico
ou utilize o QR Code abaixo.

https://www.casadamoeda.gov.br/passaportebrasileiro

REPÚBLICA
FEDERATIVA
DO BRASIL



Jardim Botânico de Curitiba - PR;
Monumento à Anita Garibaldi em Laguna - SC;
Ruínas de São Miguel das Missões - RS

BRA

NÃO GRAMPEAR OU
CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU
TAMPONNER CETTE PAGE

DO NOT STAPLE OR
STAMP THIS PAGE

NO GRAPAR NI SELLAR
ESTA PAGINA





Símbolo Internacional
do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Exhibit 4 - Noah Mairink Braga's Birth certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

1202307008421

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST	
NOAH	MAIRINK	BRAGA	
2. SEX	**3A. THIS BIRTH, SINGLE, TWIN, ETC.**	**3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.**	**4A. DATE OF BIRTH - MM/DD/CCYY** / **4B. HOUR - 24 HOUR CLOCK TIME**
MALE	SINGLE	-	10/27/2023 / 1313

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
CONTRA COSTA REGIONAL MED CTR	2500 ALHAMBRA AVE
5C. CITY	**5D. COUNTY**
MARTINEZ	CONTRA COSTA

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D.	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
VICTOR LUIZ	BRAGA	MAGALHAES	☐ MOTHER ☒ FATHER ☐ PARENT	BRAZIL	01/10/1993

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D.	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
LAYS	VERNEQUE	MAIRINK	☒ MOTHER ☐ FATHER ☐ PARENT	BRAZIL	11/25/1993

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT - SIGNATURE LAYS VERNEQUE MAIRINK VICTOR LUIZ BRAGA M.	12B. RELATIONSHIP TO CHILD MOTHER FATHER	12C. DATE SIGNED 10/29/2023 10/29/2023
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE ROSA ALEJANDRE, SMRT	13B. LICENSE NUMBER A185285	13C. DATE SIGNED 10/30/2023
13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT HILLARY ANN CARNEAL, MD 2500 ALHAMBRA AVE, MARTINEZ, CA 94553		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT ROSA ALEJANDRE, SMRT	

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		ORI TZVIELI, MD	11/01/2023

CACONTRA02

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

000062076

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Recorder.

ATTEST _____

DATE ISSUED 03/06/2025

Kristin B. Connelly

KRISTIN B. CONNELLY
COUNTY RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Deputy Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 5 - Alice Mairink Braga's Birth certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

1052025048892

1202507001175

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST	
ALICE	-	MAIRINK BRAGA	
2. SEX	**3A. THIS BIRTH, SINGLE, TWIN, ETC.**	**3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.**	**4A. DATE OF BIRTH - MM/DD/CCYY**	**4B. HOUR - 24 HOUR CLOCK TIME**
FEMALE	SINGLE	-	02/14/2025	1332

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
CONTRA COSTA REGIONAL MED CTR	2500 ALHAMBRA AVE
5C. CITY	**5D. COUNTY**
MARTINEZ	CONTRA COSTA

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D.	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
VICTOR LUIZ	-	BRAGA MAGALHAES	☐ MOTHER ☒ FATHER ☐ PARENT	BRAZIL	01/10/1993

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D.	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
LAYS	-	VERNEQUE MAIRINK	☒ MOTHER ☐ FATHER ☐ PARENT	BRAZIL	11/25/1993

INFORMANT AND BIRTH CERTIFICATION

	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	LAYS VERNEQUE MAIRINK VICTOR LUIZ BRAGA MAGALHAES	MOTHER FATHER	02/15/2025 02/15/2025
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE ROSA ALEJANDRE, SMRT	13B. LICENSE NUMBER A188887	13C. DATE SIGNED 02/18/2025

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
ANGELA LIU, MD 2500 ALHAMBRA AVE, MARTINEZ, CA 94553	ROSA ALEJANDRE, SMRT

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		ORI TZVIELI, MD	02/21/2025

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } SS

DATE ISSUED 03/06/2025 MB

0 0 0 0 0 8 6 5 9 7

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Ori Tzvieli, MD

CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

CONTRA COSTA COUNTY HEALTH OFFICER MARTINEZ, CALIF.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 6 – Marriage Certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER

4202507000978
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA ☐ Groom ■ Bride

1A. FIRST NAME	1B. MIDDLE
LAYS	--
1C. CURRENT LAST	**1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)**
VERNEQUE MAIRINK	--

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY:	5B. DATE ENDED (MM/DD/CCYY)
11/25/1993	BRAZIL	0	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	--/--/----

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
3535 EL PORTAL DR	EL SOBRANTE	CA	94803

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
JOSE CARLOS MAIRINK	BRAZIL
11A. FULL BIRTH NAME OF MOTHER/PARENT	**11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
LUCIA APARECIDA VERNEQUE	BRAZIL

SECOND PERSON DATA ■ Groom ☐ Bride

12A. FIRST NAME	12B. MIDDLE
VICTOR	LUIZ
12C. CURRENT LAST	**12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)**
BRAGA MAGALHAES	--

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY:	16B. DATE ENDED (MM/DD/CCYY)
01/10/1993	BRAZIL	0	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	--/--/----

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
3535 EL PORTAL DR	EL SOBRANTE	CA	94803

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
ROSBER KLAYTON MAGALHAES	BRAZIL
22A. FULL BIRTH NAME OF MOTHER/PARENT	**22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
MARIA DA PENHA BRAGA	BRAZIL

AFFIDAVIT

WE, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ Lays Verneque Mairink	▶ Victor Luiz Braga Magalhaes

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
03/31/2025	06/28/2025	KRISTIN B. CONNELLY	BY ▶ Lisa Blasper
25E. MARRIAGE LICENSE NUMBER	**25F. COUNTY OF ISSUE**	**25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):**	
202540001043	CONTRA COSTA	555 ESCOBAR STREET,MARTINEZ, CA 94553	

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
Cynara dos Santos	CYNARA DOS SANTOS
26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE	
893 FOURTH AVE #A, PINOLE, CA 94564	
27A. SIGNATURE OF WITNESS	**27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)**
27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE	

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
03/31/2025	Martinez	CONTRA COSTA
28A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	**28B. RELIGIOUS DENOMINATION (IF CLERGY)**	
▶	-	
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	**29D. OFFICIAL TITLE**	
JEFFREY LARA	DEPUTY COMMISSIONER	
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE		
555 ESCOBAR STREET, MARTINEZ, CA 94553		

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A	30B. MIDDLE	30C. LAST
LAYS	--	VERNEQUE MAIRINK BRAGA

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A	31B. MIDDLE	31C. LAST
--	--	--

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
KRISTIN B. CONNELLY	BY ▶ Lisa Blasper	03/31/2025

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (01/01/2010)

CACONTRA02

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

000065199

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ATTEST Lisa Blasper

DATE ISSUED 03/31/2025

Kristin B. Connelly

KRISTIN B. CONNELLY
COUNTY RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Deputy Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 7– Evidence that the petitioner is the victim of qualifying criminal activity

Case # 2025-0002864 - Crime/Incident Report

REPORT DATE / TIME	DISTRICT / ZONE / SUBDIVISION 4 / SUBDIVISION 5	EVENT START DATE / TIME - EVENT END DATE / TIME
Mar 23, 2025 22:56	NORTHERN / 7	Mar 23, 2025 22:27

PRIMARY REPORTER

Sharif Wally #1853

REPORT TAKEN LOCATION

SAN PABLO AVE & MACDONALD AVE, RICHMOND, CA 94805

STAT REPORTING

- ☐ 293 - ACCEPTED
- ☐ 293 - OFFERED
- ☐ ARREST
- ☐ AVR REVIEWED
- ■ AVR USED
- ☐ BOOKED
- ☐ CITATION ISSUED
- ☐ CPTED REVIEWED
- ☐ DOMESTIC VIOLENCE
- ☐ ELDER ABUSE
- ☐ EPO ISSUED
- ☐ FLOCK ALPR
- ☐ FLOCK CCTV
- ☐ GANG RELATED
- ☐ HATE CRIME
- ☐ JUVENILE RELATED
- ☐ LAP
- ☐ LEOKA
- ☐ MARSY'S LAW
- ☐ PAROLE VIOLATION
- ☐ PAROLEE RELATED
- ☐ PROBATION RELATED
- ☐ PROBATION VIOLATION
- ☐ PURSUIT
- ☐ RELEASED PER 849 PC
- ☐ SART EXAM
- ☐ SCHOOL RELATED
- ☐ SERIALIZED PROPERTY
- ☐ SEXUAL ASSAULT
- ☐ SHOOTING
- ☐ TASER PAINT
- ☐ USE OF FORCE
- ☐ WEAPON USED

NARRATIVE

On 03/23/25 at approximately 2227 hours, I was dispatched to Chevron gas station located at 4838 W Macdonald Ave. for the report of a robbery. Dispatch advised the robbery took place approximately 5 minutes prior.

Upon arrival, I observed a black 2007 Acura TLX (CA plate #6FIF325) parked at pump one. I observed WIT - Amanda Marques seated on the ground with her back against the pump. Marques appeared to be in shock and breathing heavily. I observed VIC - Lays Mairink seated in the rear driver side seat with the door open and holding onto a baby.

I approached Mairink and Marques, Mairink stated she didn't understand English. Marquez also did not understand English. Ofc. Ramirez arrived on scene and began to interpret.

Mairink stated the following in summary.

Mairink went to Bank Of America located at 4800 W Macdonald Ave and withdrew $500 and placed it into her wallet. Mairink got back into the front passenger seat of the vehicle and Marques drove to Chevron Gas station. Marques stopped at pump one. Mairink got out of the vehicle and walked over to the attended to pay for gas.

Mairink walked back to the vehicle when SUS - 1 (a black male adult, wearing a red ski mask, black hoodie and white or cream colored pants) approached her. Mairink was unable to understand what was being said. SUS-1

REPORTING OFFICER SIGNATURE / DATE	SUPERVISOR SIGNATURE / DATE
Sharif Wally #1853 Mar 24, 2025 00:58 (e-signature)	Terry Thomas #1684 Mar 24, 2025 04:51 (e-signature)
PRINT NAME	PRINT NAME
Sharif Wally #1853	Terry Thomas #1684

pushed Mairink causing her back to hit the pump. SUS-1 showed Mairink a firearm and Mairink began to struggle with SUS-1. SUS-1 took Mairink wallet that contained misc. items and the approximately $560 dollars in cash from her front right coat pocket.

Mairink observed SUS-2 (a black male adult unknown clothing) assisting SUS-1. Mairink was unable to remember what SUS-2 was wearing.

SUS-1 and SUS-2 fled on foot going SB on San Pablo Ave.

END OF STATEMENT.

Mairink husband arrived on scene. Due to Marques only being able to speak Brazilian Portuguese, I requested Mairink husband to interpret.

Marques drove to the Chevron gas station and stopped at pump one. Mairink got out of the vehicle and went to pay for gas. Marques stayed in the vehicle with Mairink 34 day old baby.

Marques began to hear Mairink in a struggle and got out of the vehicle. Once Marques got out of the vehicle she observed SUS-1 holding a firearm and became frightened. SUS-1 and SUS-2 began to run SB on San Pablo Ave.

END OF STATEMENT.

Mairink and Marques were evaluated on scene by medic 77.

I provided Mairink with a case number for reference.

I made contact with the Chevron gas station and clerk and was informed that only the manager would be able to provide CCTV footage. The clerk provided me with OTH- Afzal phone number (510-776-8064).

I observed Multiple CCTV cameras within the gas station.

Nothing further.

REPORTING PARTY-1

REPORTING PARTY-1 (PERSON)		DOB / ESTIMATED AGE RANGE
R-1 Mairink, lays		1993-11-25
SEX	**RACE / ETHNICITY**	**PHONE NUMBER**
Female	Hispanic Or Latino / Hispanic Or Latino	(510) 830-6212 (primary, Mobile Phone), (510) 258-5815 (Husband)

HOME ADDRESS

SOLACE APARTMENT HOMES, 3535 EL PORTAL DR, EL SOBRANTE, CA 94803

REPORTING PARTY SIGNATURE

OFFENSE-1

OFFENSE CODE

ROBBERY/FIREARM | 211A

OFFENSE START DATE	OFFENSE COMPLETION	SUSPECTED HATE CRIME	SUSPECTED COMPUTER/ HANDHELD DEVICE USE
Mar 23, 2025 22:27	■ COMPLETED ☐ ATTEMPTED	☐ YES ■ NO	☐ YES ■ NO

REPORTING OFFICER SIGNATURE / DATE	SUPERVISOR SIGNATURE / DATE
Sharif Wally #1853 Mar 24, 2025 00:58 (e-signature)	Terry Thomas #1684 Mar 24, 2025 04:51 (e-signature)
PRINT NAME	PRINT NAME
Sharif Wally #1853	Terry Thomas #1684

SUSPECTED ALCOHOL CONSUMPTION	OTHER SUSPECTED DRUG USE	DOMESTIC VIOLENCE
☐ YES ■ NO	☐ YES ■ NO	☐ YES ■ NO

WEAPON / FORCE INVOLVED	GANG INFORMATION
Undetermined Firearm	None/Unknown

INCLUDES CARGO THEFT

☐ YES ■ NO

OFFENSE STATISTICS

- ☐ Child Abuse
- ☐ Elder Abuse
- ■ Gun Involved
- ■ Multiple Suspects
- ☐ Probationer
- ☐ Sexual Assault
- ☐ Confidentiality Requested
- ☐ Gang Related
- ☐ Juvenile Arrest
- ☐ Parolee
- ☐ Released with Citation
- ■ Weapon

IS ANTI-REPRODUCTIVE RIGHTS CRIME?

☐ YES ■ NO

OFFENSE LOCATION

CITY	STATE	ZIP	COUNTRY CODE
RICHMOND	CA	94805	US

INTERSECTION STREET 1	INTERSECTION STREET 2
SAN PABLO AVE	MACDONALD AVE

LOCATION CATEGORY	DISTRICT / ZONE / SUBDIVISION 4 / SUBDIVISION 5	PUBLIC / PRIVATE
Service/ Gas Station	NORTHERN / 7	Private

VICTIMS-1

VICTIMS-1 NAME (LAST, FIRST MIDDLE)	DOB / ESTIMATED AGE RANGE
V-1 Mairink, lays	1993-11-25

SEX	RACE / ETHNICITY	PHONE NUMBER
Female	Hispanic Or Latino / Hispanic Or Latino	(510) 830-6212 (primary, Mobile Phone), (510) 258-5815 (Husband)

HOME ADDRESS

SOLACE APARTMENT HOMES, 3535 EL PORTAL DR, EL SOBRANTE, CA 94803

SUSPECTS-1

SUSPECTS-1 NAME (LAST, FIRST MIDDLE)	SEX	RACE / ETHNICITY
S-1 UNKNOWN, UNKNOWN	Unknown	Black / Unknown

SUSPECTS-2

SUSPECTS-2 NAME (LAST, FIRST MIDDLE)	SEX	RACE / ETHNICITY
S-2 UNKNOWN, UNKNOWN	Unknown	Black / Unknown

WITNESS-1

WITNESS-1 NAME (LAST, FIRST MIDDLE)	DOB / ESTIMATED AGE RANGE
W-1 Marques, Amanda	1998-06-10

SEX	RACE / ETHNICITY	PHONE NUMBER
Female	Hispanic Or Latino / Hispanic Or Latino	(510) 677-7775 (primary, Mobile Phone)

HOME ADDRESS

3535 EL PORTAL DR, at BARRANCA ST, RICHMOND, CA 94803

REPORTING OFFICER SIGNATURE / DATE	SUPERVISOR SIGNATURE / DATE
Sharif Wally #1853 Mar 24, 2025 00:58 (e-signature)	Terry Thomas #1684 Mar 24, 2025 04:51 (e-signature)
PRINT NAME	PRINT NAME
Sharif Wally #1853	Terry Thomas #1684

INVOLVED OTHER-1

INVOLVED OTHER-1 (PERSON)	DOB / ESTIMATED AGE RANGE
O-1 UNKNOWN, Afzal	30 - 60 years old

SEX	PHONE NUMBER
Male	(510) 776-8064 (primary, Mobile Phone)

VEHICLE: ACURA TLX

ITEM CATEGORY	MAKE	MODEL
Passenger Car/ Automobile	Acura	Tlx

LICENSE PLATE / REGISTRATION #	VIN #
6FIF325	19UUA66227A042217

BODY STYLE	PRIMARY COLOR	REGISTRATION YEAR
Sedan, 4 Door	Black	2025

PASSENGER

Iays Mairink

DRIVER

Amanda Marques

STATUS	STATUS DATE	TOTAL ($) VALUE	IMPOUNDED / TOWED
None	Mar 23, 2025	UNKNOWN	No

QUANTITY

1

VEHICLE / PROPERTY & ITEMS SUMMARY

DESCRIPTION / MAKE / MODEL / COLOR	STATUS / DATE / REASON FOR CUSTODY	VIN # / SERIAL #	QTY.	TOTAL ($) VALUE
Red in color with Misc Items / Red	Stolen / Mar 23, 2025		1	$50
$500 plus Misc small amount / Green	Stolen / Mar 23, 2025		1	$580
Acura / Tlx / Black	None / Mar 23, 2025	19UUA66227A042217	1	UNKNOWN

RELATIONSHIPS ADDENDUM

NAME	RELATIONSHIP	SUBJECT
Amanda Marques	IN INVESTIGATION WITH	Afzal UNKNOWN
Amanda Marques	RELATIONSHIP UNKNOWN	Afzal UNKNOWN
Amanda Marques	IN INVESTIGATION WITH	UNKNOWN UNKNOWN
Amanda Marques	IN INVESTIGATION WITH	UNKNOWN UNKNOWN

REPORTING OFFICER SIGNATURE / DATE	SUPERVISOR SIGNATURE / DATE
Sharif Wally #1853 Mar 24, 2025 00:58 (e-signature)	Terry Thomas #1684 Mar 24, 2025 04:51 (e-signature)
PRINT NAME	PRINT NAME
Sharif Wally #1853	Terry Thomas #1684

NAME	RELATIONSHIP	SUBJECT
Amanda Marques	RELATIONSHIP UNKNOWN	UNKNOWN UNKNOWN
Amanda Marques	RELATIONSHIP UNKNOWN	UNKNOWN UNKNOWN
UNKNOWN UNKNOWN	IN INVESTIGATION WITH	Afzal UNKNOWN
UNKNOWN UNKNOWN	IN INVESTIGATION WITH	Afzal UNKNOWN
UNKNOWN UNKNOWN	RELATIONSHIP UNKNOWN	Afzal UNKNOWN
UNKNOWN UNKNOWN	RELATIONSHIP UNKNOWN	Afzal UNKNOWN
UNKNOWN UNKNOWN	IN INVESTIGATION WITH	UNKNOWN UNKNOWN
UNKNOWN UNKNOWN	RELATIONSHIP UNKNOWN	UNKNOWN UNKNOWN
lays Mairink	IN INVESTIGATION WITH	Afzal UNKNOWN
lays Mairink	RELATIONSHIP UNKNOWN	Afzal UNKNOWN
lays Mairink	ACQUAINTANCE OF	Amanda Marques
lays Mairink	IN INVESTIGATION WITH	Amanda Marques
lays Mairink	IN INVESTIGATION WITH	UNKNOWN UNKNOWN
lays Mairink	IN INVESTIGATION WITH	UNKNOWN UNKNOWN

REPORTING OFFICER SIGNATURE / DATE	SUPERVISOR SIGNATURE / DATE
Sharif Wally #1853 Mar 24, 2025 00:58 (e-signature)	Terry Thomas #1684 Mar 24, 2025 04:51 (e-signature)
PRINT NAME	PRINT NAME
Sharif Wally #1853	Terry Thomas #1684

NAME	RELATIONSHIP	SUBJECT
lays Mairink	RELATIONSHIP UNKNOWN	UNKNOWN UNKNOWN

NAME	RELATIONSHIP	SUBJECT
lays Mairink	RELATIONSHIP UNKNOWN	UNKNOWN UNKNOWN

PROPERTY & ITEMS ADDENDUM

2025-0002864-1 OTHER ITEM - RED IN COLOR WITH MISC ITEMS

ITEM CATEGORY
Wallet

DESCRIPTION
Red in color with Misc Items

COLOR
Red

CLAIMANT
lays Mairink

STATUS	STATUS DATE	TOTAL ($) VALUE	QUANTITY
Stolen	Mar 23, 2025	50	1

IN POLICE CUSTODY
No

PROPERTY LINKED TO
Offense 1

2025-0002864-2 OTHER ITEM - $500 PLUS MISC SMALL AMOUNT

ITEM CATEGORY
US Currency/ Coins

DESCRIPTION
$500 plus Misc small amount

COLOR
Green

CLAIMANT
lays Mairink

STATUS	STATUS DATE	TOTAL ($) VALUE	QUANTITY
Stolen	Mar 23, 2025	580	1

IN POLICE CUSTODY
No

PROPERTY LINKED TO
Offense 1

REPORTING OFFICER SIGNATURE / DATE	SUPERVISOR SIGNATURE / DATE
Sharif Wally #1853 Mar 24, 2025 00:58 (e-signature)	Terry Thomas #1684 Mar 24, 2025 04:51 (e-signature)
PRINT NAME	PRINT NAME
Sharif Wally #1853	Terry Thomas #1684

Exhibit 8– Lays Verneque Mairink's Declaration with English Translation

Statement on the crimes suffered by Lays Verneque Mairink in the United States

1. My name is Lays Verneque Mairink. I was born on November 25, 1993, in Ipanema, Minas Gerais, Brazil.

2. I live at Solace Apartment Homes, 3535 El Portal Dr, El Sobrante, CA 94803. I am providing this statement to describe the armed robbery I suffered in Richmond, California.

3. On March 23, 2025, I was with my friend Amanda Marques. That day, friends came to my home to celebrate the birth of my baby. At the time, I was still in postpartum recovery, and my baby was a newborn (about 34 days old).

4. Later that evening, Amanda and I went to pick up pizza. On the way back, we needed to get gas, and I also needed to withdraw money to pay rent by money order.

5. At approximately 10:27 PM, I went to Bank of America located at 4800 W Macdonald Ave, Richmond, CA, withdrew $500, and placed the money in my wallet.

6. After that, Amanda drove us to the Chevron gas station located at 4838 W Macdonald Ave, Richmond, CA 94805. We stopped at pump #1. Amanda remained inside the car with my baby, and I got out to pay for gas and to pump.

7. As I returned from paying and was next to the pump, an unknown man (Suspect #1) approached me. I could not understand what he was saying. I do not speak English well, and at that moment I was confused and scared.

8. Suspect #1 was a Black adult male wearing a red ski mask, a black hoodie, and white or cream-colored pants.

9. Suspect #1 pushed me, causing my back to hit the gas pump. He then displayed a firearm. I went into shock and fear, and I tried to resist/hold onto my belongings as the robbery happened.

10. Suspect #1 took my wallet from my front right coat pocket. My wallet contained personal items and cash, including the $500 I had just withdrawn, plus additional cash (the total stolen cash was approximately $560–$580, based on what I later reported and what is listed in the police report).

11. During the incident, I observed a second person (Suspect #2), also described as a Black adult male, who appeared to be assisting Suspect #1. I cannot remember what Suspect #2 was wearing.

12. After taking my wallet, Suspect #1 and Suspect #2 fled on foot, running southbound on San Pablo Ave.

13. The entire incident happened very quickly. I was terrified not only because a gun was used against me, but also because my baby was present in the vehicle, and I feared the suspects could take my baby or escalate the violence.

14. After the suspects ran away, I focused on my baby and on trying to stay safe. When the police arrived, I was extremely shaken. Medical personnel evaluated us at the scene.

15. After this robbery, I experienced serious emotional and physical effects. I had nightmares for about a month. The nightmares were not only about the robbery itself; I repeatedly saw/experienced fear of my baby being taken.

16. I also suffered an abrupt loss of breast milk shortly after the robbery. Within about two days, I stopped producing milk, and I continued trying to pump for more than a month without success. I sought support from a lactation specialist and tried recommended measures (including teas and supplements).

17. A doctor prescribed medication to help with the nightmares. The medication helped a little to improve my nightmares.

18. This crime changed my daily life. I no longer feel safe driving without my husband by my side. I avoid it at all costs being at a gas station.

19. I am providing this statement to describe what I experienced and the harm I suffered. I remain willing to cooperate with law enforcement and provide additional information if needed.

20. I declare, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct to the best of my knowledge and memory.

January 20, 2026

—----------Signature—----------

_____

Lays Verneque Mairink
+1 (510) 830-6212
lays.verneque@icloud.com

I, André Vinicius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Andre Penna Mello **Date:** 12/17/2025

Declaração sobre os crimes sofridos por Lays Verneque Mairink nos Estados Unidos

21. Meu nome é Lays Verneque Mairink. Eu nasci em 25 de novembro de 1993, em Ipanema, Minas Gerais, Brasil.

22. Eu resido em Solace Apartment Homes, 3535 El Portal Dr, El Sobrante, CA 94803. Eu faço esta declaração para relatar o assalto à mão armada que eu sofri na cidade de Richmond, Califórnia.

23. No dia 23 de março de 2025, eu estava com minha comadre/amiga Amanda Marques. Naquele dia, amigos foram à minha casa para comemorar o nascimento da minha bebê. Eu ainda estava no período de resguardo (pós-parto), e minha bebê era recém-nascida (com cerca de 34 dias de vida).

24. Mais tarde naquela noite, eu e a Amanda saímos para buscar pizza. Na volta, precisávamos abastecer o carro e eu também precisava sacar dinheiro para pagar o aluguel com *money order*.

25. Por volta de 22:27, eu fui ao Bank of America no endereço 4800 W Macdonald Ave, Richmond, CA, saquei US$ 500 e coloquei o dinheiro na minha carteira.

26. Em seguida, a Amanda dirigiu até o posto Chevron no endereço 4838 W Macdonald Ave, Richmond, CA 94805. Nós paramos na bomba 1. A Amanda ficou dentro do carro com a minha bebê e eu desci para pagar e abastecer.

27. Quando eu voltei do caixa e estava perto da bomba, um homem desconhecido (Suspeito 1) se aproximou de mim. Eu não conseguia entender o que ele dizia. Eu não falo inglês bem e, naquele momento, eu fiquei muito confusa e com medo.

28. O Suspeito 1 era um homem negro adulto, usando uma máscara vermelha (tipo ski mask), moletom preto (hoodie) e calça branca ou cor creme.

29. O Suspeito 1 me empurrou, fazendo com que minhas costas batessem na bomba de gasolina. Em seguida, ele mostrou/apontou uma arma de fogo. Eu entrei em choque e fiquei extremamente assustada, e tentei resistir/segurar meus pertences enquanto o assalto acontecia.

30. O Suspeito 1 pegou minha carteira do meu bolso dianteiro direito do casaco. Dentro da carteira havia itens pessoais e dinheiro, incluindo os USD 500 que eu tinha acabado de sacar, mais um dinheiro adicional que eu tinha na carteira, totalizando aproximadamente USD 560-USD 580 que foram roubados.

31. Durante o ocorrido, eu vi uma segunda pessoa (Suspeito 2), também era um homem negro adulto, que parecia estar ajudando o Suspeito 1. Eu não consigo lembrar como o Suspeito 2 estava vestido.

32. Depois de pegar minha carteira, o Suspeito 1 e o Suspeito 2 fugiram a pé, correndo em direção sul (southbound) pela San Pablo Ave.

33. Tudo aconteceu muito rápido. Eu fiquei apavorada não apenas porque houve arma de fogo, mas também porque minha bebê estava presente no carro, e eu tive muito medo de que os suspeitos pudessem levar minha bebê ou piorar a violência.

34. Depois que eles correram, eu me concentrei em proteger minha bebê e em tentar ficar segura. Quando a polícia chegou, eu estava muito abalada. Nós fomos avaliadas por equipe médica no local.

35. Após esse assalto, eu tive consequências emocionais e físicas importantes. Eu tive pesadelos por cerca de um mês. Os pesadelos não eram apenas sobre o assalto; repetidamente eu via/sentia o medo de levarem a minha bebê.

36. Eu também perdi o leite de forma repentina após o assalto. Em cerca de dois dias eu parei de produzir leite, e eu continuei tentando tirar com bombinha

por mais de um mês sem sucesso. Eu busquei orientação com uma especialista em amamentação e tentei as medidas recomendadas (incluindo chás e suplementos).

37. Minha médica me passou um medicamento para ajudar com os pesadelos. O remédio ajudou um pouco a melhorar os meus pesadelos.

38. Esse crime mudou minha rotina. Eu não me sinto mais segura dirigindo sem meu marido ao meu lado e evito ao máximo parar em postos de gasolina.

39. Eu faço esta declaração para relatar o que eu vivi e os impactos que sofri. Eu continuo disposta a cooperar com as autoridades e fornecer informações adicionais, se necessário.

40. Declaro, sob pena de perjúrio, sob as leis dos Estados Unidos da América, que as informações acima são verdadeiras e corretas conforme meu conhecimento e minha memória.

20 de Janeiro de 2026

Lays Verneque Mairink

Lays Verneque Mairink
+1 (510) 830-6212
lays.verneque@icloud.com

Exhibit 9– Evidence of substantial mental abuse

Rebecca Claudette Napoli, LCSW
Licensed Clinical Social Worker #LCSW89084
Bay Area Center for Immigration Evaluations | tel: 510-842-6766 | fax: 844-698-0744 | www.bacie.org | info@bacie.org

Mental Health Report

(12/16/2025)

YOUSA Law
1900 Embarcadero Suite 310
Oakland, CA 94606

Reference: Lays Verneque Mairink (DOB:11/25/1993)

Professional Qualifications

I am a trilingual Licensed Clinical Social Worker (LCSW) licensed in the state of California, with professional experience in nonprofit and government mental health settings since 2014. I hold a Master of Social Work with a concentration in Mental Health and a Bachelor of Arts in Psychology and Spanish Language. My clinical experience includes providing trauma-informed mental health assessments and therapeutic services to children, adults, and families involved in public systems, including CalWORKS (Family Stabilization Program), Adult Protective Services, the Probation Department (Youth Outreach Program), and Children and Family Services. I have extensive experience working with individuals impacted by violence, abuse, neglect, trauma, behavioral health conditions, and substance use.

In addition to direct clinical work, I have served in county mental health leadership and quality oversight roles, including as a Quality Improvement Specialist and Ethnic Services Manager within the Mental Health Quality Improvement Division. I regularly prepare clinical and court-related reports and provide culturally and linguistically responsive evaluations. My training and professional experience qualify me to offer objective, trauma-informed clinical opinions relevant to immigration-related proceedings.

Purpose of Evaluation

YOUSA Law referred Ms. Verneque Mairink for a mental health evaluation. Prior to the interview, Ms. Verneque Mairink was informed of the purposes of the evaluation, the limitations of confidentiality, and the probable uses of the information derived from the interview. Ms. Verneque Mairink agreed to the interview.

The interview took place on December 16, 2025. The client's identity was verified with a valid photo ID. During the course of the interview, a history was taken, including a trauma history. A thorough assessment of symptomatology and functional status was completed as well as an assessment for Malingering. The evaluation was conducted in Portuguese. The following report summarizes the relevant content discussed. *Any quotations used in this report are a paraphrased, translation of the client's words.*

Statement of Credibility

Ms. Verneque Mairink was assessed to be a credible reporter as evidenced by the following: Ms. Verneque Mairink demonstrated consistency in details (vivid believable imagery and realistic symptom description) while describing her lived experiences and internal experiences. There did not appear to be any indications of symptom magnification, malingering, or feigning emotional distress. Ms. Verneque Mairink's symptoms were consistent with emotional expression and her report was consistent with the assessment tools administered.

Identifying Information and Behavioral Observations

Ms. Verneque Mairink is a 32-year-old Brazilian woman. She appears her stated age, is dressed casually and appropriately, and presents with broad affect and an anxious mood. There does(not appear to be a history of suicidal or homicidal ideation, hallucinations, or delusions. Ms. Verneque Mairink completed symptoms screenings and the results are as follows: Patient Health Questionnaire (**PHQ9)** = 2 (positive for Minimal Depression), Anxiety Questionnaire (**GAD7)** = 0 (Negative for Anxiety), Trauma Symptom Inventory (**PCL-5**) = 12 (not correlated with Post Traumatic Stress Disorder), Adverse Childhood Experiences Questionnaire (**ACE**) = 0 (client reports having experienced 0 types of adverse experiences in childhood).

Background

Ms. Verneque Mairink reports that she was born and raised in Ipanema, Minas Gerais, Brazil, and is the youngest of two children born to married parents. Her father worked as a police officer prior to retirement, and her mother was an educator. She describes her childhood as stable and supportive, noting that she had her basic needs met and felt loved within her family. Ms. Verneque Mairink completed university and obtained a degree in esthetics, reflecting a history of academic engagement and vocational preparation. Prior to immigrating to the United States, she worked in a laboratory.

Ms. Verneque Mairink explains that she met her husband, Victor Luiz Braga Magalhães, at the age of fifteen, and reports that they have been in a committed relationship for approximately eleven years. The couple married in 2024 and share three children together, currently ages eleven years, two years, and nine months. Ms. Verneque Mairink entered the United States on November 1, 2019, arriving with her husband and eldest child with the intention of working and supporting their family. She reports that her husband is employed in the construction industry and that the family currently resides near Richmond, California.

Clinical Interview

Ms. Verneque Mairink reports that on March 23, 2025, at approximately 10:27 p.m., she was the victim of an armed robbery while in Richmond, California. She explains that she, a friend, and her one-month-old infant left their home to pick up a pizza. On their way back home, they stopped at a gas station to refuel. Ms. Verneque Mairink reports that her friend remained in the vehicle with the infant while she entered the gas station store to pay for gas. She explains that while she was outside putting gas into the vehicle, a masked man armed with a firearm suddenly approached her, placed the gun against her neck, and demanded her wallet. She reports that the assailant was speaking in both English and Spanish, repeatedly demanding her wallet. Ms. Verneque Mairink explains that as the man attempted to remove the wallet from her bag, she pulled it out herself and handed it to him, after which he pushed her toward the gas pump and fled the scene on foot.

Ms. Verneque Mairink reports that her immediate reaction after the assailant fled was to secure her infant, explaining, *"I grabbed my daughter as soon as he left."* She describes the most distressing aspect of the incident as the moment she feared the assailant would steal her vehicle with her newborn still inside. She explains that *"the worst moment was when I believed he would steal my car with my baby in it."* She describes experiencing intense fear for her child's safety during the incident.

Ms. Verneque Mairink explains that she went into the gas station and the attendant contacted law enforcement. She reports that police officers and firefighters responded to the scene and asked her several questions, to which she states she *"fully cooperated."* She explains that once law enforcement arrived, she

was able to calm herself, but observed that her friend was experiencing significant psychological distress, stating, *"She seemed to be in crisis. She could not get herself out of the car."* Ms. Verneque Mairink reports that her husband arrived at the gas station shortly thereafter, which helped her feel calmer and more supported. She explains that after taking her statement, law enforcement informed her that they would search for the assailant and contact her at a later time; however, she reports, *"they never called and I do not know if they found him."*

History of Trauma

Ms. Verneque Mairink does not report a history of significant trauma prior to the armed robbery. She describes her upbringing as stable and supportive, with her basic needs consistently met and no history of violence, abuse, or traumatic events that resulted in psychological symptoms. She does not endorse pre-existing trauma-related symptoms such as chronic anxiety, hypervigilance, intrusive memories, or sleep disturbance prior to the armed robbery.

Inventory of Current Symptoms

Intrusive Symptoms

Ms. Verneque Mairink reports the onset of trauma-related intrusive symptoms immediately following the armed robbery, with a notable escalation in intensity in the days that followed. She explains that during the incident she was extremely anxious and terrified, describing herself as being in shock; however, she notes that once the assailant fled, she was initially able to regain a sense of control and calm herself. Despite this immediate stabilization, Ms. Verneque Mairink reports that her symptoms intensified the following day, marking a delayed trauma response. She explains that the day after, she felt worse, reporting increased anxiety, sleep disruption, and physical stress responses.

Ms. Verneque Mairink describes recurrent, unwanted thoughts and images related to the incident that entered her mind without warning in the days following the robbery. She explains that shortly after the incident, she sought medical attention due to physical pain near her cesarean section incision and concern regarding sudden postpartum changes. She states, *"I went to the doctor firstly because I was having pain where I had my C-section and I was concerned,"* and reports that *"my milk dried up the day after the incident."* She explains that she disclosed the traumatic incident and her emotional distress to her physician, who referred her to a lactation consultant; however, *"my milk never returned."* This abrupt physiological change appeared to exacerbate her psychological distress and reinforced intrusive thoughts related to the trauma and fears for her infant's wellbeing.

Ms. Verneque Mairink reports prominent intrusive psychological reactions characterized by anxiety and fear that arise involuntarily. She explains that initially after the incident she felt anxious throughout the day and continues to experience ongoing anxiety, stating, *"I continue to feel anxious, I feel a tightness in my chest and my heart races."* These reactions occur without deliberate recall and suggest persistent trauma-related activation. She also reports intrusive physiological responses, including chest tightness and heart palpitations, which accompany reminders of the incident.

Ms. Verneque Mairink identifies being in her car as a primary external trigger for intrusive symptoms, explaining that whenever she is in her car she feels triggered and is reminded of the incident. Sleep disturbance emerged several days after the trauma. She reports that approximately five days after the robbery she began experiencing nightly nightmares, stating, *"Most of my nightmares had to do with someone kidnapping my children."* These nightmares contributed to significant sleep disruption and

emotional exhaustion. Ms. Verneque Mairink reports that after receiving medication, her sleep improved and the frequency and intensity of intrusive nighttime symptoms decreased.

Avoidance Symptoms
Ms. Verneque Mairink reports clear behavioral avoidance following the incident, particularly related to activities and environments that resemble or remind her of the robbery. She explains that she no longer goes out alone with her children and states, *"Especially if I have to get out of the car. I do not travel alone with my children."* This avoidance reflects heightened fear for her safety and persistent concern about protecting her children in public settings.

She also reports avoidance of specific locations directly associated with the trauma. Ms. Verneque Mairink states, *"I have not gone to the gas station since the incident. I avoid getting gas."* These behaviors demonstrate efforts to avoid external reminders that provoke intrusive thoughts, anxiety, and physiological distress.

Negative Alterations in Cognition or Mood
Ms. Verneque Mairink reports changes in mood and perceived safety following the incident, with symptoms most pronounced during the initial weeks after the trauma. She explains that she felt significantly more anxious and unsafe and reports that *"the first few weeks I did not leave my house and only left to go to the doctor."* During this period, she relied heavily on her husband for emotional and practical support, stating, *"I only left the house with my husband."* She reports gradual improvement over time and explains, *"Now I feel better, I feel less anxious. I still can't go out to the grocery store without my husband but I feel better."*

Ms. Verneque Mairink describes persistent intrusive thinking early in her recovery, stating, *"The first few weeks I had intrusive thoughts nightly. I could not stop thinking about it."* She reflects on how the presence of a firearm intensified her fear due to longstanding beliefs shaped by her upbringing, explaining, *"Since I was a little girl, because my father was a police officer, he would regularly remind me that guns are dangerous, so when I saw the gun I felt so afraid."* She further explains that her fear was amplified by her maternal role and postpartum status, stating that she feared most for her children and that *"it was heightened because I was one month post-partum."* While Ms. Verneque Mairink reports increased anxiety and fear, she does not endorse persistent detachment, emotional numbing, or a pervasive inability to experience positive emotions.

Hyperarousal Symptoms
Ms. Verneque Mairink reports ongoing hyperarousal symptoms, particularly in situations where she perceives herself to be alone or unprotected. She explains that when her husband is not home, she feels *"easily jumpy,"* startles easily, and is *"constantly looking at the door."* She describes herself as being *"hyper alert"* and experiencing an exaggerated startle response.

She reports that sleep disturbance was significant in the period following the incident, including difficulty falling asleep and maintaining sleep. Since receiving medication, she reports improvement, stating that she is now able to sleep *"closer to six hours a night."* Although the intensity of hyperarousal symptoms has decreased, these symptoms persist in specific contexts and remain clinically relevant.

Ms. Verneque Mairink demonstrates several adaptive strengths and coping strategies in response to the traumatic incident. She explains that she feels safer when her husband is present in the home and notes

that having his support has helped her cope and regain a sense of stability following the trauma. She has relied primarily on family support as a protective factor, particularly during periods of heightened anxiety.

Summary

Based on the clinical interview, review of symptoms, and behavioral observations, Ms. Verneque Mairink meets criteria for **Unspecified Trauma- and Stressor-Related Disorder**. This diagnosis is appropriate given her exposure to a traumatic event, an armed robbery involving a firearm, followed by clinically significant trauma-related symptoms that do not fully meet criteria for Posttraumatic Stress Disorder. Following the incident, Ms. Verneque Mairink developed intrusive memories and nightmares, heightened anxiety, physiological stress reactions (including chest tightness and heart racing), avoidance of trauma-related situations such as gas stations and traveling alone with her children, sleep disturbance, and hypervigilance when alone. These symptoms emerged immediately after the crime, intensified in the days following, and persisted for several weeks, with partial improvement over time, indicating a trauma-related response that remains clinically meaningful.

In my clinical opinion, Ms. Verneque Mairink endured psychological harm as a result of the robbery. The presence of a firearm, the sudden nature of the assault, and the perceived threat to her infant significantly intensified her fear response, particularly given her postpartum status causing heightened vulnerability. The trauma disrupted her sense of safety, daily functioning, maternal confidence, sleep, and physiological regulation, including stress-related postpartum complications. While she has demonstrated gradual improvement, her continued anxiety, avoidance, and hyperarousal indicate lasting psychological impact rather than a transient stress reaction.

Ms. Verneque Mairink was receptive to treatment recommendations. She reports that medication prescribed to address anxiety and sleep disturbance resulted in improved sleep duration and reduced nighttime distress. Continued trauma-informed mental health treatment, such as individual psychotherapy focused on trauma processing, anxiety regulation, and restoration of perceived safety, is recommended. Ongoing support is likely to further reduce residual symptoms and prevent chronic impairment.

Respectfully submitted,



Rebecca Claudette Napoli, LCSW (12/16/2025)
Licensed Clinical Social Worker
#LCSW89084

MyChart
Contra Costa Health

Postpartum Visit - Apr 07, 2025

with Emma Klug at West County Health Center Family Medicine

Notes from Care Team

Progress Notes

Emma Klug at 4/7/2025 2:30 PM

Attestation signed by Goutami Sanyal at 4/14/2025 9:12 AM

I was present with the resident and participated in the management of the patient during the visit. I discussed the case with the resident, was present in clinic for key elements of the history and physical exam, and agree with the note as documented by the resident

Goutami Sanyal, MD

West County Health Center Family Medicine Postpartum Clinic Note
A qualified medical interpreter in the preferred language was used. Interpreter ID #

Chief Complaint
Patient presents with
- Postpartum Care

Subjective

Lays Verneque is a 31 y.o. G3P3003 here for a 8 week week postpartum s/p repeat cesarean delivery at 39w0d. Delivery and postpartum complications:
Pregnancy and postpartum course have been uncomplicated

With regard to baby, everything is gong well, however patient was robbed at gunpoint at gas station 2 weeks ago with baby in the car. She was pushed over the pump and they stole her wallet. Was breastfeeding well until this event, but since has had issues with milk supply. Still pumping q2-3 hours, only getting a few mLs. Has also had difficulty with sleep-- went almost 4 days without sleeping right after, and now has been having trouble staying asleep due to nightmares. Found a Brazilian therapist online, feels good connection. Started 3 days ago. Family is moving to Iowa (have family there) as this is the 3rd time this has happened to her.

Reports no concerns regarding vaginal bleeding, pain, bladder function, and bowel function.

Mood: Anxious, stressed about milk supply after robbery
Sexually active: no. Contraception: Tubal Ligation

Objective

Vitals:

	04/07/25 1444
BP:	96/65
Pulse:	89
Resp:	20
SpO2:	98%
Weight:	85.4 kg (188 lb 4.4 oz)
Height:	1.499 m (4' 11")

General: Alert, NAD
Breasts: not examined
Abdomen: soft, non-tender. Pfannenstiel incision is healing well without drainage or surrounding erythema.
GU: not examined

Data:
Last Hgb: 12.9
Last Plt: 199

	4/7/2025 2:30 PM	12/11/2024 11:00 AM	7/11/2024 10:00 AM
PHQ-4 Postpartum Depression Screening			
1. Feeling nervous, anxious or on the edge	1 - several days	0 - not at all	0 - not at all
2. Not being able to stop or control worrying	0 - not at all	0 - not at all	0 - not at all
3. Little interest or pleasure in doing	1 - several days	0 - not at all	0 - not at all

things			
4. Feeling down,depressed or hopeless	1 - several days	0 - not at all	0 - not at all
PHQ-4 Total Score	3	0	0

PHQ-9 = 0 (2/24/2025)

Assessment & Plan

Lays Verneque is a 31 y.o. G3P3003 here for a postpartum exam s/p repeat cesarean delivery at 39w0d.

1. Continue prenatal vitamins.
2. Contraception counseling provided. Chosen method: Tubal Ligation
3. Lactation support: Sent message to lactation consultants, will ensure close f/u with patient. Recommended continuing to pump q2-3 hours to stimulate milk production.
4. Postpartum anxiety/depression screening: acute stress reaction after armed robbery with infant in the car, patient in therapy, not interested in pharmacotherapy at this time.
5. Vaccines: HM reviewed, counseling provided, administered as documented by nursing.
6. Pap: up to date

Assessment & Plan

Acute reaction to stress

-Armed robbery 2 weeks ago at gas station, infant in the car with her.
-Struggles with sleep, nightmares since. +flashbacks.
-Started therapy 5 days ago, not interested in pharmacotherapy at this time.

Orders:

- prazosin (MINIPRESS) 1 MG capsule; Take 1 capsule by mouth nightly

Lactation problem

-Difficulty with milk production likely in response to acute stress.
-Lactation consultants messaged, will ensure close f/u

GDM, class A1

-f/u A1c

H/O thrombocytopenia

-Nadir to 87, rose to 95 prior to discharge from L&D
-f/u CBC

Other orders

- PCP Assign to Me; Future

- prenatal vit-iron fum-folic ac 28 mg iron- 800 mcg; Take 1 tablet by mouth daily
- Return Primary Care; Future

Patient planning to move to Iowa end of May. She will call for an appointment if needed.

Discussed with Dr. Sanyal.

Follow up with Tenzin Ngadon in 6 months (on 10/7/2025), if symptoms worsen or fail to improve.
Emma Klug, MD

FAQs Contact Us (844) 622-5465
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Exhibit 10 – Letters of Support

2/17/2026

To Whom It May Concern,

My name is Malina Curiale, and I am writing in strong support of my friend, Lays Verneque Mairink, and to attest to her outstanding moral character.

I have known Lays for approximately three years. I first met her through the father of my child, who was living with her as a roommate at the time we began dating. Over the years, I have had the opportunity to observe her closely in both everyday life and more challenging circumstances, and I can confidently speak to the type of person she is.

Lays is an exceptionally devoted mother to her three children. She demonstrates patience, consistency, and unconditional love in her parenting. She is deeply involved in her children's lives and prioritizes their emotional, physical, and educational well-being. It is clear that every decision she makes is centered around providing them with stability and security.

Beyond her role as a mother, Lays is honest, respectful, and compassionate. She treats others with dignity and kindness and carries herself with integrity. In all the time I have known her, I have never witnessed behavior that would call her character into question. On the contrary, she consistently shows responsibility and a genuine desire to contribute positively to those around her.

It is my sincere belief that Lays Verneque Mairink is a person of strong moral character and an asset to her family and community. I respectfully ask that you give her U Visa application your favorable consideration.

Please feel free to contact me if further information is needed.

Respectfully,

Malina Curiale
415-574-8167
curialemm@gmail.com


California USA
IDENTIFICATION CARD
FEDERAL LIMITS APPLY
ID E1436536
EXP 08/13/2028
LN CURIALE
FN MALINA MAE
789 COYOTE ST
MILPITAS, CA 95035
DOB 08/13/1991
08131991
DONOR
SEX F
HAIR BRN
EYES BRN
HGT 5'-06"
WGT 130 lb
ISS 10/06/2022
DD 10/06/2022645K2/AAFD/28

Jose Felix Peixoto
204 Second Street
Key Largo, FL 33037
Phone: 305-522-1727
Email: josepeixoto@reagan.com

February 18, 2026

To Whom It May Concern,

I am writing to provide a character reference for Lays Verneque Mairink, who is currently seeking to establish her eligibility for legal status in the United States. My name is Jose Felix Peixoto, and I have known Lays since her childhood. She is my cousin, and I am a close friend of her family. We both come from the same town, and our families have maintained strong ties throughout the years.

I have had the privilege of watching Lays grow up and mature into the responsible, hardworking, and compassionate individual she is today. Over the years, I have witnessed her unwavering commitment to her family, her strong moral principles, and her dedication to making positive contributions to her community. She is a caring mother to her three children, two of whom were born in the United States, and I have seen firsthand the love and dedication she shows them.

Lays has always been deeply concerned about her childrenâs education and has expressed a strong desire for them to be educated here in the United States. She understands the importance of providing her children with the best opportunities, and she firmly believes that receiving an education in the U.S. will open doors for them and provide them with a bright future. She is committed to ensuring they have access to quality education and the resources needed to help them succeed.

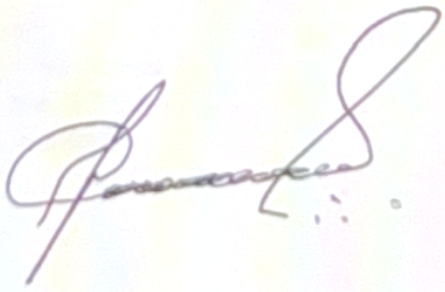
In addition to being a devoted mother, Lays is a person of strong integrity, always striving to do what is right and showing respect for others. She is deeply involved in her familyâs well-being, often going above and beyond to ensure her childrenâs needs are met. She has also demonstrated a willingness to help others whenever the opportunity arises, always with a kind heart and a generous spirit.

I firmly believe that Lays possesses the good moral character required to obtain legal status in the United States, and I have no hesitation in supporting her application. She is a woman of strong values, and I am confident that she will continue to be an asset to her community and this country.

Please do not hesitate to contact me if you require further information or clarification.

Thank you for your time and consideration.

Sincerely,
Jose Felix Peixoto



Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo: P

Code/Code/Código: USA

Passport No./No. de Passeport/No. de Pasaporte: A19195834

USA



Surname/Nom/Apellidos
PEIXOTO

Given names/Prénoms/Nombres
JOSE FELIX

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
28 SEP 1960

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
BRAZIL

Date of issue/Date de délivrance/Fecha de expedición
13 MAY 2023

Date of expiration/Date d'expiration/Fecha de caducidad
12 MAY 2033

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAPEIXOTO<<JOSE<FELIX<<<<<<<<<<<<<<<<<<<<<<

A19195834OUSA6009289M3305120504836711<266788

MY NAME IS JAMES DECOSTA.
I LIVE IN MARTINEZ CALIFORNIA.
I AM WRITING THIS LETTER TO
DECLARE THAT VICTOR LUIZ BRAGA
MAGALHAES IS A MAN OF GOOD
MORAL CHARACHTER. I'M A CARPENTER
AT KNIGHT CONSTRUCTION. I'VE WORKED
WITH HIM FOR A NUMBER OF YEARS.
I'VE KNOWN HIM TO BE A
GOOD FAMILY MAN AND A HARD,
DEDICATED WORKER. I HAVE NO
DOUBT THAT HE IS A PRODUCTIVE
HONEST MAN(THAT IS AN ASSET
TO HIS COMMUNITY. IF YOU
HAVE ANY FURTHER QUESTIONS
FOR ME, I'D BE HAPPY TO
ANSWER THEM.

THANK YOU,

JAMES P DECOSTA

(925) 497-9517

California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL N5543637 CLASS C

EXP 06/20/2028 END NONE

LN DECOSTA

FN JAMES PHILLIP

520 ARCH ST

MARTINEZ, CA 94553

DOB 06/20/1959

RSTR NONE 06201959

SEX M HAIR GRY EYES BLU

HGT 5'-11" WGT 210 lb ISS 01/27/2025

DD 08/15/201862421/BBFD/28

February 19, 2026

To Whom it May Concern:

I am writing in Regards to Victor Braga. He has worked for me for around Two years. He is an outstanding employee. He works in customers homes and is always respectful and trustworthy. He drives my vehicles including on out of town trips and continually shows integrity and honesty.

I have met his wife and she is wonderful. They are a wonderful addition to our community I am happy to call him a friend as well as an employee and look forward to having him with us for many more years to come.

Regards
Adam Knight
Owner AK Construction

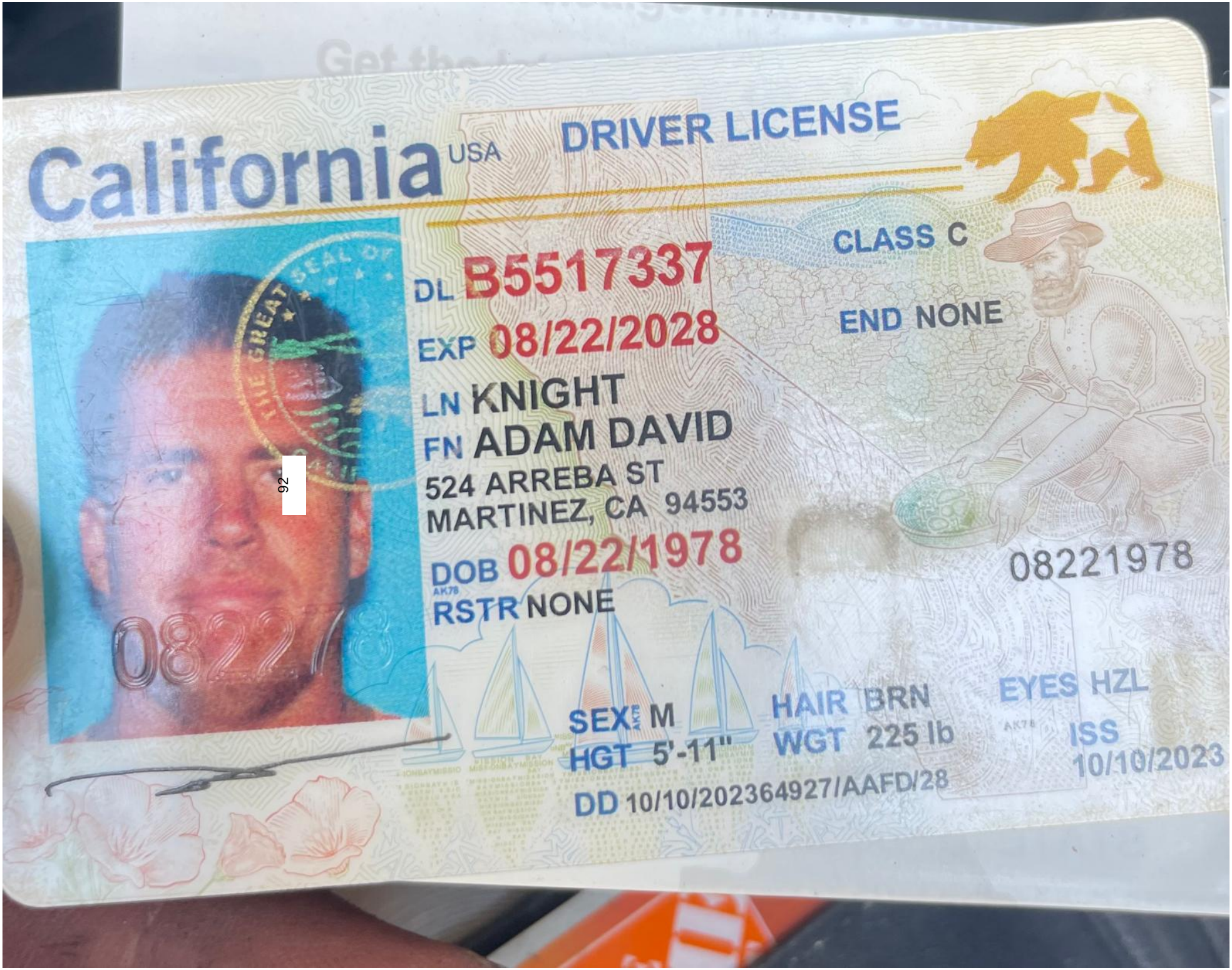

California USA DRIVER LICENSE
DL B5517337
EXP 08/22/2028
LN KNIGHT
FN ADAM DAVID
524 ARREBA ST
MARTINEZ, CA 94553
DOB 08/22/1978
RSTR NONE
CLASS C
END NONE
08221978
SEX M
HGT 5'-11"
HAIR BRN
WGT 225 lb
EYES HZL
ISS 10/10/2023
DD 10/10/202364927/AAFD/28

Exhibit 11 – Proof of Good Moral Character

Ministry of Justice and Public Security
Federal Police

Nº 053648552026

ePol - SINIC
National Criminal Information System

Police Clearance Certificate

The Federal Police **CERTIFIES,** after a search in the National Criminal Information System - SINIC, that, as of this date, there is **NO RECORD** of a final criminal conviction recorded in the name of **LAYS VERNEQUE MAIRINK**, Brazilian, daughter of JOSE CARLOS MAIRINK and LUCIA APARECIDA VERNEQUE MAIRINK, born on 11/25/1993, from Ipanema-MG, ID MG-18526438 SSP MG, CPF 113.815.206-42, passport YE766326.

This certificate was issued on **02/18/2026** at **3:49 p.m.** (Brasília time / GMT-3) based on the information provided and shall only be valid upon presentation of an identification document for data verification.

The authenticity of this certificate may be verified by scanning the QR Code or by accessing the Federal Police website at https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/ and entering the certificate number 053648552026.

This document is valid for 90 days.

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: February 18, 2026**

Ministério da Justiça e Segurança Pública
Polícia Federal

N° 053648552026

ePol - SINIC

Sistema Nacional de Informações Criminais

Certidão de Antecedentes Criminais

A Polícia Federal **CERTIFICA**, após pesquisa no Sistema Nacional de Informações Criminais - SINIC, que, até a presente data, **NÃO CONSTA** condenação com trânsito em julgado em nome de **LAYS VERNEQUE MAIRINK**, país de nacionalidade Brasil, filho(a) de JOSE CARLOS MAIRINK e LUCIA APARECIDA VERNEQUE MAIRINK, nascido(a) aos 25/11/1993, natural de Ipanema-MG, CI MG-18526438 SSP MG, CPF 113.815.206-42, passaporte YE766326.

Esta certidão foi expedida em **18/02/2026** às **15:49** (horário de Brasília/DF GMT-3) com base nos dados informados e somente será válida com a apresentação de documento de identificação para confirmação dos dados.

A autenticidade desta certidão poderá ser confirmada por meio da leitura do QR Code ou acessando a página da Polícia Federal, no endereço "https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/", e digitando o número da certidão 053648552026.

Este documento é valido por 90 dias.

Ministry of Justice and Public Security
Federal Police

N° 053656062026

ePol - SINIC
National Criminal Information System

Police Clearance Certificate

The Federal Police **CERTIFIES,** after a search in the National Criminal Information System - SINIC, that, as of this date, there is **NO RECORD** of a final criminal conviction recorded in the name of **VICTOR LUIZ BRAGA MAGALHAES**, Brazilian, son of ROSBER KLAYTON MAGALHAES and MARIA DA PENHA BRAGA MAGALHAES, born on 01/10/1993, from Montes Claros-MG, CPF 113.699.176-00, passport FP246549.

This certificate was issued on **02/18/2026** at **3:56 p.m.** (Brasília time / GMT-3) based on the information provided and shall only be valid upon presentation of an identification document for data verification.

The authenticity of this certificate may be verified by scanning the QR Code or by accessing the Federal Police website at https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/ and entering the certificate number 053656062026.

This document is valid for 90 days.

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: February 18, 2026**

Ministério da Justiça e Segurança Pública
Polícia Federal

N° 053656062026

ePol - SINIC

Sistema Nacional de Informações Criminais

Certidão de Antecedentes Criminais

A Polícia Federal **CERTIFICA**, após pesquisa no Sistema Nacional de Informações Criminais - SINIC, que, até a presente data, **NÃO CONSTA** condenação com trânsito em julgado em nome de **VICTOR LUIZ BRAGA MAGALHAES**, país de nacionalidade Brasil, filho(a) de ROSBER KLAYTON MAGALHAES e MARIA DA PENHA BRAGA MAGALHAES, nascido(a) aos 10/01/1993, natural de Montes Claros-MG, CPF 113.699.176-00, passaporte FP246549.

Esta certidão foi expedida em **18/02/2026** às **15:56** (horário de Brasília/DF GMT-3) com base nos dados informados e somente será válida com a apresentação de documento de identificação para confirmação dos dados.

A autenticidade desta certidão poderá ser confirmada por meio da leitura do QR Code ou acessando a página da Polícia Federal, no endereço "https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/", e digitando o número da certidão 053656062026.

Este documento é valido por 90 dias.

Exhibit 12 - Immigration documents

U. S. Department of Homeland Security
Immigration and Customs Enforcement

Continuation Page for Form : Release on Recognizance I-220A

Alien's Name	File Number	Date
Vernque-Mairink, Lays	213 570 776	11/2/19

X Lays Vernque Mairink
Signature of Alien

2809 Wiswall Dr.
Richmond
94806.



Alien's Address
c/o Clifford S BLOM
2760 FIG AVE
ROCK VALLEY, IA, 51247

2873 Lowell Ave
Richmond, CA 94804

RIGHT INDEX PRINT

Aderlaine
561-812-8427

Alien's Telephone Number (if any)
(712) 470-0972

PERSONAL REPORT RECORD

DATE	OFFICER	COMMENT/CHANGES
11/02/19	R. Lopez	Released on OREC due to lack of space.
		Enrollment into ATD recommended for the parent in this family unit.
12-12-19		RAR. NRD in San Francisco, CA
~~July 28, 2020~~ December 18, 2019		D/R
~~3/18/2020~~ 11/10/2021	C. WONG 05833	RIP

Signature

R. Lopez Deportation Officer

Please note that all references in this order/addendum to "INS" or "Service" should now be considered to refer to U.S. Immigration and Customs Enforcement (ICE).

U. S. Department of Homeland Security
Immigration and Customs Enforcement

Order of Release on Recognizance

Name: **Vernque-Mairink, Lays** File No: **213 570 776**

Date: **November 2, 2019**

You have been arrested and placed in removal proceedings. In accordance with Section 236 of the Immigration and Nationality Act and the applicable provisions of Title 8 of the Code of Federal Regulations, you are being released on your own recognizance provided you comply with the following conditions.

☒ You must report for any hearing or interview as directed by the Immigration and Naturalization Service or the Executive Office for Immigration Review.

☒ You must surrender for removal from the United States if so ordered.

☒ You must report in (~~writing~~)(**person**) to *Reporte en persona a* **Sioux City Sub Office**
(Name and Title of Case Officer)

At ~~1400 Pierce Street~~ 3301 Singing Hills. Blvd
~~Sioux City, IA 51105~~ Sioux City, IA 51106
Telephone: ~~712-255-5781~~ 712-293-5200
(Location of INS Office)

on **Tuesday, November 19, 2019**
martes, 19 de noviembre de 2019
(Day of each week or month)

at **10:00 AM**
(Time)

If you are allowed to report in writing, the report must contain your name, alien registration number, current address, place of employment, and other pertinent information as required by the officer listed above.

☒ You must not change your place of residence without first securing written permission from the office listed above.

☒ You must not violate any local, State, or Federal laws or ordinances.

☒ You must assist the Immigration and Naturalization Service in obtaining any necessary travel documents.

☒ You may not travel outside a 75 mile range outside of ROCK VALLEY, IA, 51247 without first securing written permission from the office listed above. (initial travel from El Paso, TX to residence permited)

☒ See attached sheet containing other specified conditions.

NOTICE: Failure to comply with the conditions of this order may result in revocation of your release and your arrest and detention by the Immigration and Naturalization Service.

(Signature of INS Official)

R. Olvera

Supervisory Detention and Deportation Officer

(Printed Name and Title of Official)

Alien's Acknowledgment of Conditions of Release on Recognizance

I hereby acknowledge that I have (read) (had interpreted and explained to me in SPANISH language), the contents of this order and addendum, a copy of which has been given to me. I understand that failure to comply with the terms of this order and addendum may subject me to a fine, more restrictive release conditions, detention, criminal prosecution, and/or revocation of my employment authorization document.

R. Lopez
(Signature of INS Official Serving Order)

X Lays Vernque Mairink
Signature of Alien

11/2/19
(Date)

Cancellation of Order

I hereby cancel this order of release because: ☐ The alien failed to comply with the conditions of release.

☐ The alien was taken into custody for removal.

(Signature of INS Official Canceling Order) (Date)

Form I-220A (Rev. 4-1-97) N

Please note that all references in this order/addendum to "INS" or "Service" should now be considered to refer to U.S. Immigration and Customs Enforcement (ICE).

Name: **Vernque-Mairink, Lays** File No: **213 570 776**

Date: **November 2, 2019**

☑ That you do not associate with criminals or members of a gang that are known to be involved in criminal activity.

☐ That you register in a substance abuse program within 14 days and provide Immigration and Customs Enforcement (ICE) with written proof of such within 30 days. The proof must include the name, address, duration, and objectives of the program as well as the name of a program counselor.

☐ That you register in a sexual deviancy counseling program within 14 days and provide ICE with written proof of such within 30 days. You must provide ICE with the name of the program, the address of the program, the duration and objectives of the program, and the name of a program counselor.

☐ That you register as a sex offender, if applicable, within 7 days of being released, with the appropriate agency/agencies and provide ICE with written proof of such registration within 10 days.

☑ That you do not commit any crimes or be associated with any criminal activity while on this Order of Release on Recognizance.

☐ That you report to a parole or probation officer as required within 5 business days and provide ICE with written verification of the officer's name, address, telephone number, and reporting requirements.

☐ You must follow all reporting and supervision requirements as mandated by the parole or probation officer.

☐ That you continue to follow any prescribed doctor's orders whether medical or psychological, including taking prescribed medications.

☑ That you make good faith and timely efforts to obtain a travel document and assist ICE in obtaining a travel document.

☑ That you submit a complete application for a travel document to all appropriate Embassies or Consulates, including those representing the countries of Brazil You must present ICE with evidence that each Embassy or Consulate to which you apply has received your request and all required documents. This may be done, for example, by mailing your application(s) with a request for return receipt and providing the signed return receipt to ICE, by obtaining a tracking number when you mail your application(s) and providing the number to ICE, or by submitting written confirmation of receipt issued by the Embassy or Consulate.

☐ That you submit your application(s) for a travel document to all appropriate Embassies or Consulates and provide proof of receipt to ICE on or before_____.

☑ That you provide ICE a copy of your application(s) for a travel document that you submit to any Embassy or Consulate, including all supporting documents, photos, and other items provided to the Embassy or Consulate to support your application(s).

Please note that all references in this order/addendum to "INS" or "Service" should now be considered to refer to U.S. Immigration and Customs Enforcement (ICE).

Name: **Vernque-Mairink, Lays** File No: **213 570 776**

Date: **November 2, 2019**

☑ That you provide ICE a copy of all correspondence related to your travel document application(s) that you send to, or receive from, an Embassy or Consulate.

☐ That you contact the Embassy or Consulate within 21 calendar days of making your application(s) to confirm that the information you provided is sufficient.

☑ That you comply with any requests from an Embassy or Consulate for an interview and make good faith efforts to submit further documentation if required by the Embassy or Consulate.

☐ Every time you report in person under this order of Release on Recognizance, you must inform the local ICE office of all actions you have taken to obtain a travel document. You must provide any available written documentation to ICE regarding these actions and the status of your travel document application(s).

☐ That you provide ICE, upon request, with any and all information relevant to application(s) for a travel document. This may include, but is not limited to, information regarding your family history, including dates of birth, nationalities, addresses, and phone numbers as requested for such persons, whether in your country of nationality and/or citizenship or elsewhere, and your past residences, schools attended, etc.

☑ You will participate in a supervised release program, as described in the attached document. You will comply with the rules and requirements of this program, and cooperate with its administrators.

I agree to comply with the rules, requirements, and administrators in the supervised release program described in the attached document.

Alien's signature: X Lays Vernque Mairink Date: **11/2/19**

Signature of Alien

Other:

Any violation of any of the above conditions may result in a fine, more restrictive release conditions, return to detention, criminal prosecution, and/or revocation of your employment authorization document.

Alien's Acknowledgement of Conditions of Release under an Order of Release on Recognizance

I hereby acknowledge that I have (read) (had interpreted and explained to me SPANISH language) the contents of this order and addendum, a copy of which has been given to me. I understand that failure to comply with the terms of this order and addendum may subject me to a fine, more restrictive release conditions, detention, criminal prosecution, and/or revocation of my employment authorization document.

R. Lopez — X Lays Vernque Mairink — 11/2/19

(Signature of ICE official serving order) **Signature of Alien** **(Date)**

Please note that all references in this order/addendum to "INS" or "Service" should now be considered to refer to U.S. Immigration and Customs Enforcement (ICE).

Updated 4/25/2005

VERNQUE-MAIRINK, LAYS

Subject ID: 367028074

A#/BOP: 213-570-776/

Classification Level: LO

Birth Date: 11/25/1993

COC: BRAZI

Apprehension Date: 11/01/2019



Programa intensivo de presença e supervisão (ISAP)

BI LOC8® XT

Instruções aos participantes

- O localizador GPS não provoca descargas elétricas..
- O localizador GPS é à prova d'água: você pode tomar banho regularmente usando-o.
- O localizador GPS emitirá um "bip" e vibrará quando houver alguma mensagem.
  - Quando o localizador emitir o bip/vibrar, toque duas (2) vezes no lado maior do aparelho para interromper os bips/vibração e ouça a mensagem.
  - Toque duas (2) vezes no lado maior do localizador para interromper a reprodução da mensagem.
- É sua responsabilidade carregar o localizador GPS uma (1) vez por dia, de manhã ou à noite.
  - O localizador GPS emite o bip/vibra depois de duas (2) horas para avisá-lo que está totalmente carregado.
  - NÃO tome banho, se molhe ou nade enquanto estiver carregando o localizador GPS, pois o carregador não pode ser exposto à água.
- Quando não estiver carregando o localizador GPS, o carregador deve permanecer na base de carga.
- Lembre-se de manter a base de carga sempre conectada à energia elétrica.
- Quando as duas luzes do carregador ficam verdes, significa que o carregador está totalmente carregado.
  - O carregador atinge a carga completa em três (3) horas.

© 2019 BI Incorporated T26-00-094 Portuguese

BI Proprietary & Confidential

Olá,
Somos um ISAP, um empreiteiro da ICE e hoje vamos colocar uma unidade de GPS no seu tornozelo como uma alternativa à detenção. A ICE deu a você a oportunidade de residir com seu patrocinador, em vez de ser detido enquanto você passa por um processo de imigração e é sua responsabilidade seguir os termos que eles estabeleceram.
Você não deve remover sua unidade GPS a qualquer momento. Somente um membro do ICE pode remover o dispositivo de monitoramento. O dispositivo é resistente à água. Você deve ter o seu dispositivo de monitoramento sempre carregado. Você deve permanecer dentro de um raio de 75 milhas de sua residência enquanto estiver usando a unidade, até comparecer à sua consulta com a ICE.
Você é obrigado a comparecer ao seu compromisso na data escrita em sua documentação de liberação. No dia em que você se reporta à sua consulta no ICE, verifique se seus filhos estão com você - o ICE quer confirmar que eles moram com você. Tenha em mãos todos os seus documentos de ICE para serem identificados adequadamente pelo seu oficial de ICE. Leve seus suprimentos de GPS no caso de o ICE escolher remover a unidade nessa data.
Você não tem motivos para temer ir ao seu compromisso. Esta não será uma data de audiência judicial e nenhuma decisão será tomada em relação à sua estadia no país naquele momento. Este compromisso é simplesmente para obter mais informações sobre você e notificá-lo sobre seus requisitos de relatórios enquanto estiver nos Estados Unidos. Durante a sua consulta, você pode fazer perguntas sobre comparições em tribunais, viagens, trabalho, realocação ou outras perguntas que possa ter em relação ao seu caso. Se você não se reportar à sua nomeação no ICE, poderá comprometer o seu caso de imigração.
A ICE possivelmente colocará você em uma alternativa ao programa de detenção, também conhecido como ISAP em sua cidade. Este programa o ajudará a garantir que você chegue às datas de seus tribunais, se aplicável, e cumpra seus requisitos de imigração. O ISAP também ajudará você a encontrar recursos da comunidade se precisar de algum tipo de assistência, como alimentos ou medicamentos.
Por favor, consulte as instruções de GPS que você recebeu em relação à sua unidade. Lembre-se de manter sempre sua unidade carregada e confirme as mensagens enviadas.
Obrigado por sua cooperação.

Automated Case Information

Name: BRAGA-MAGALHAES, VICTOR LUIZ | A-Number: 213-570-777 | Docket Date: 12/10/2019

Next Hearing Information

There are no future hearings for this case.

Court Decision and Motion Information

The immigration judge issued a **DECISION**.

DECISION DATE

December 11, 2019

COURT ADDRESS

26 McGREGOR RANGE ROAD
CHAPARRAL, NM 88081

U. S. Department of Homeland Security
Immigration and Customs Enforcement

Order of Release on Recognizance

Name: **Mairink-Braga, Luiz Gustavo** File No: **A213 570 775**

Date: **November 2, 2019**

You have been arrested and placed in removal proceedings. In accordance with Section 236 of the Immigration and Nationality Act and the applicable provisions of Title 8 of the Code of Federal Regulations, you are being released on your own recognizance provided you comply with the following

☒ You must report for any hearing or interview as directed by the Immigration and Naturalization Service or the Executive Office for Immigration Review.

☒ You must surrender for removal from the United States if so ordered.

☒ You must report in (~~writing~~)(**person**) to ***Reporte en persona a*** **Sioux City Sub Office**
(Name and Title of Case Officer)

At **1400 Pierce Street**
Sioux City, IA 51105
Telephone: 712-255-5781
(Location of INS Office)

on **Tuesday, November 19, 2019**
martes, 19 de noviembre de 2019
(Day of each week or month)

at **10:00 AM**
(Time)

If you are allowed to report in writing, the report must contain your name, alien registration number, current address, place of employment, and other pertinent information as required by the officer listed above.

☒ You must not change your place of residence without first securing written permission from the office listed above.

☒ You must not violate any local, State, or Federal laws or ordinances.

☒ You must assist the Immigration and Naturalization Service in obtaining any necessary travel documents.

☒ You may not travel outside a 75 mile range outside of ROCK VALLEY, IA, 51247 without first securing written permission from the office listed above. (initial travel from El Paso, TX to residence permited)

☒ See attached sheet containing other specified conditions.

NOTICE: Failure to comply with the conditions of this order may result in revocation of your release and your arrest and detention by the Immigration and Naturalization Service.

(Signature of INS Official)

R. Olvera
Supervisory Detention and Deportation Officer
(Printed Name and Title of Official)

Alien's Acknowledgment of Conditions of Release on Recognizance

I hereby acknowledge that I have (read) (had interpreted and explained to me in SPANISH language), the contents of this order and addendum, a copy of which has been given to me. I understand that failure to comply with the terms of this order and addendum may subject me to a fine, more restrictive release conditions, detention, criminal prosecution, and/or revocation of my employment authorization document.

R. Lopez
(Signature of INS Official Serving Order)

X days Verenice Mairink
Signature of Parent

11/2/19
(Date)

Cancellation of Order

I hereby cancel this order of release because: ☐ The alien failed to comply with the conditions of release.

☐ The alien was taken into custody for removal.

(Signature of INS Official Canceling Order) (Date)

Form I-220A (Rev. 4-1-97) N

Please note that all references in this order/addendum to "INS" or "Service" should now be considered to refer to U.S. Immigration and Customs Enforcement (ICE).

U. S. Department of Homeland Security
Immigration and Customs Enforcement

Continuation Page for Form : Release on Recognizance **I-220A**

Alien's Name	File Number	Date
Mairink-Braga, Luiz Gustavo	**A213 570 775**	**11/2/19**

X Luys Verngue Mairink
Signature of Parent

Minor under 14

Alien's Address
c/o Clifford S BLOM
2760 FIG AVE
ROCK VALLEY, IA, 51247

Alien's Telephone Number (if any)
(712) 470-0972

RIGHT INDEX PRINT

Minor under 14

PERSONAL REPORT RECORD

DATE	OFFICER	COMMENT/CHANGES
11/02/19	R. Lopez	Released on OREC due to lack of space.
		Enrollment into ATD recommended for the parent in this family unit.
12-12-2019 ~~July 28, 2020~~ December 18, 2019		BAR. NRD in San Francisco, CA

Signature R. Lopez Deportation Officer

Please note that all references in this order/addendum to "INS" or "Service" should now be considered to refer to U.S. Immigration and Customs Enforcement (ICE).

Name: **Mairink-Braga, Luiz Gustavo** File No: **A213 570 775**

Date: **November 2, 2019**

☑ That you do not associate with criminals or members of a gang that are known to be involved in criminal activity.

☐ That you register in a substance abuse program within 14 days and provide Immigration and Customs Enforcement (ICE) with written proof of such within 30 days. The proof must include the name, address, duration, and objectives of the program as well as the name of a program counselor.

☐ That you register in a sexual deviancy counseling program within 14 days and provide ICE with written proof of such within 30 days. You must provide ICE with the name of the program, the address of the program, the duration and objectives of the program, and the name of a program counselor.

☐ That you register as a sex offender, if applicable, within 7 days of being released, with the appropriate agency/agencies and provide ICE with written proof of such registration within 10 days.

☑ That you do not commit any crimes, or be associated with any criminal activity, and follow cerfew laws in the United States while on this Order of Release on Recognizance.

☐ That you report to a parole or probation officer as required within 5 business days and provide ICE with written verification of the officer's name, address, telephone number, and reporting requirements.

☐ You must follow all reporting and supervision requirements as mandated by the parole or probation officer.

☐ That you continue to follow any prescribed doctor's orders whether medical or psychological, including taking prescribed medications.

☐ That you make good faith and timely efforts to obtain a travel document and assist ICE in obtaining a travel document.

☐ That you submit a complete application for a travel document to all appropriate Embassies or Consulates, including those representing the countries of Brazil You must present ICE with evidence that each Embassy or Consulate to which you apply has received your request and all required documents. This may be done, for example, by mailing your application(s) with a request for return receipt and providing the signed return receipt to ICE, by obtaining a tracking number when you mail your application(s) and providing the number to ICE, or by submitting written confirmation of receipt issued by the Embassy or Consulate.

☐ That you submit your application(s) for a travel document to all appropriate Embassies or Consulates and provide proof of receipt to ICE on or before_____.

☑ That you provide ICE a copy of your application(s) for a travel document that you submit to any Embassy or Consulate, including all supporting documents, photos, and other items provided to the Embassy or Consulate to support your application(s).

Please note that all references in this order/addendum to "INS" or "Service" should now be considered to refer to U.S. Immigration and Customs Enforcement (ICE).

Name: **Mairink-Braga, Luiz Gustavo**

File No: **A213 570 775**

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Termo de participação voluntária no Programa de monitoramento eletrônico do ISAP (GPS)

Os participantes serão monitorados através do dispositivo de localização ExacuTrack® One da BI.

1. Eu, Lays Vernque Mairink, declaro que estou autorizado a viajar para 2708 N. 1st Avenue (endereço) na cidade de Sioux Falls, SD 57104 (cidade e estado) nos Estados Unidos. Declaro que chegarei a este local específico em 11/13/2019 10:00 (m/d/aaaa HH:MM). Após a chegada neste local específico, o ERO-ATD determinará, em definitivo, as próximas etapas.
2. Enquanto participar do Programa de monitoramento eletrônico, declaro que utilizarei um localizador GPS numa tornozeleira não removível que será colocada pelo especialista do meu caso no ISAP.
3. Declaro que recebi a unidade de localização de ID Nº: 1709128
4. Declaro-me responsável por manter o acesso ao serviço elétrico enquanto participar do Programa de monitoramento eletrônico.
5. Declaro que carregarei a bateria do dispositivo de localização ExacuTrack One diariamente e quando necessário. Declaro que observarei as instruções de manuseio e manutenção do localizador GPS
6. Declaro que não removerei ou manusearei indevidamente o localizador GPS exceto em caso de emergência ou com aprovação prévia do especialista do meu caso no ISAP.
7. Declaro que permitirei apenas que pessoal autorizado inspecione e realize a manutenção do localizador GPS.
8. Em caso de emergência (por motivos médicos, por exemplo), declaro que disponho do número da linha específica para essas situações: 605-330-4276. Declaro que esse número nunca será utilizado para situações não emergenciais.
9. Declaro-me responsável pelo dispositivo de localização ExacuTrack One e assumo o compromisso de efetuar o reembolso à BI Incorporated dos custos relacionados à substituição ou conserto em caso de perda e/ou danos ao equipamento.

Normais locais e outras condições:

Por meio da assinatura abaixo, declaro que recebi uma cópia das normas e do cronograma autorizado e que o material em questão me foi explicado. Além disso, declaro-me ciente da disponibilização, mediante solicitação, de serviços de tradução. Declaro-me ciente de que devo observar as normas em questão até a conclusão do Programa de monitoramento eletrônico ou o recebimento de notificação encaminhada pelo especialista do meu caso na área de supervisão intensiva. Além disso, declaro-me ciente de que qualquer violação a essas normas poderá resultar no cancelamento da minha participação no programa e no meu retorno à detenção.

Número do registro do participante no serviço de imigração: 213570776	
Assinatura do participante: [signature]	Data: 11/01/2019
Assinatura do especialista do caso: Brenda Lerma	Data: 11/01/2019

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